



test T member14  
Navaranga , Banagalore  
Bangalore , Karnatakka, 677887

c/o Focus Care  
500 West Cummings Park, Suite 2700  
Woburn, MA 01801

06-08-2022

Dear test T member14,

Thank you for having your yearly health visit offered to you by Focus Care and Virginia Premier Health Plan. Virginia Premier and Focus Care are partnering to provide this service as part of our effort to enhance your quality of health. We believe better information leads to better choices and better care. Your health review with Focus Care is a great step toward preventive care and healthy living.

Find enclosed a Personal Health Summary from your most recent health visit. This summary gives you a good picture of your health with suggestions about immunizations, screenings, and health tests. Additionally, the summary has recommendations about local resources that you may want to discuss with your primary care provider.

This private information does not affect your health care coverage in any way. Please call Virginia Premier Health before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. Do not hesitate to call Focus Care at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm with any questions about this letter or the enclosed Personal Health Summary.

**Contact Case Manager**

Please reach out to your Case Manager with any concerns, questions, or need for clarification at 877-719-7358.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Mattingly", with a small "MS" monogram to the right.

Mark Mattingly, M.D.  
Vice President, Medical Affairs

# Patient Assessment Summary

|                  |                         |                |  |
|------------------|-------------------------|----------------|--|
| Name             | : test T member14       | Age            | : 26   |
| Date of Birth    | : 1996-02-09            | Member ID      | : 1110004                                      |
| Evaluator Name   | : test clinicianFE, FNP | Date           | : 2022-6-22 01:11 PM                           |
| Gender           | : Female                | Address        | : Navaranga , Banagalore ,Bangalore ,Karnataka |
| Lob              | : MLTSS                 | Marital Status | : Married                                      |
| Email            | : member14@gmail.com    | Phone          | : 4567876545, 678765                           |
| Primary Language | :                       | Race           | :  |

## Vital Signs

|                |                 |                 |     |                  |  |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse           | bpm | Respiratory Rate |  |
| Temp           |                 | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 26              | Patients Height |     | Patients Weight  |  |
| BMI            |                 |                 |     |                  |  |

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive Devices and DME

None

Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP :

Number of times in past 12 months been to the Emergency Room :

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

Had Surgery in the last 12 months :

## Providers:

| Medical Specialty      | Specialist | For |
|------------------------|------------|-----|
| Primary Care Physician | YES        |     |

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

| Screening Name | Screening Completed | Exam Date | Screening Result | Diagnosis | Comments |
|----------------|---------------------|-----------|------------------|-----------|----------|
|----------------|---------------------|-----------|------------------|-----------|----------|

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|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| MICROALBUMIN     |  |  |  |  |  |
| FOBT             |  |  |  |  |  |
| A1C              |  |  |  |  |  |
| LDL              |  |  |  |  |  |
| RETINAL EYE EXAM |  |  |  |  |  |
| DEXA             |  |  |  |  |  |
| PAD              |  |  |  |  |  |

PHQ 2 Score:

**Preventative Follow up needed**

**Screenings**

None

**Social**

None

**Disease Management**

None

|                   |  |
|-------------------|--|
| Assessor Comments |  |
|-------------------|--|