

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. ABROKWAH, JAMES  
163 Number Ten St  
Clinchco, VA, 242268694

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ABROKWAH, JAMES  
163 Number Ten St  
Clinchco, VA, 242268694

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

07/15/2022

Dear ABROKWAH, JAMES,

Virginia Premier, in partnership with Focus Care, provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

TIFFANY MANLEY  
03/01/1981  
10040079

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concerns.

If you have any questions or if you want to set up an In-Home Health Review, please call us at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly" with a stylized flourish at the end.

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

# Patient Assessment Summary

Name	: TIFFANY MANLEY	Age	: 41
Date of Birth	: 1981-03-01	Member ID	: 10040079
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-5 04:36 PM
Gender	: Female	Address	: 202 TRAVIS STANLEY ROAD ,HAYSI ,VA
Lob	: VPM4	Marital Status	:
Email	:	Phone	: ,
Primary Language	: Hindi	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	41	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Legally Deaf, Tinnitus
2. Nose Bleeds, Seasonal Allergies

## Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Oxygen, Wheel Chair, Bed Pan, CPAP

Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ABROKWAH, JAMES	

## Family History:

None

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## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Dental exam	
Eye exam	
Swallowing evaluation	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

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Assessor Comments	
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