

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. RYAL, JENNIFER L
825 Fairfax Ave
Norfolk, VA, 235071914

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RYAL, JENNIFER L
825 Fairfax Ave
Norfolk, VA, 235071914

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

05/31/2022

Dear RYAL, JENNIFER L ,

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:

LEA-KENDALL MACK
04/08/1996
10084729

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	: LEA-KENDALL MACK	Age	: 26
Date of Birth	: 1996-04-08	Member ID	: 10084729
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-16 02:57 PM
Gender	: Female	Address	: 1113 MT VERNON AVENUE ,PORTSMOUTH,VA
Lob	: VPM4	Marital Status	:
Email	:	Phone	: ,
Primary Language	:	Race	: No Ethnicity

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

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select		
	Select		Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive 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	RYAL, JENNIFER L	

Family History:

None

Patient Assessment Summary

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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

None

Social

None

Disease Management

None

Assessor Comments	
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