

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JONES, GRETCHEN G CNM
SUITE 330 828 HEALTHY WAY
VIRGINIA BEACH, VA, 23462

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

Dr. GRETCHEN CNM JONES
SUITE 330 828 HEALTHY WAY
VIRGINIA BEACH, VA, 23462

05/31/2022

Dear Dr. JONES, GRETCHEN G CNM,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

MAURIYA J YANCEY
900039581*01

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, please contact Focus Care at 1-800-371-3338 (TTY: 711) Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

Patient Assessment Summary

Name	: MAURIYA J YANCEY	Age	: 21
Date of Birth	: 2000-07-02	Member ID	: 900039581*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-15 10:12 AM
Gender	: Female	Address	: 723 WHITE HALL LN UNIT B,VIRGINIA BEACH,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 757/324-6467,
Primary Language	:	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	21	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

Assisstive Devices and DME

None

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

Yes

Worries about falling or feeling unsteady when standing or walking?

No

Did you have a fracture in past 6 months?

No

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	JONES, GRETCHEN G CNM	

Family History:

None

Patient Assessment Summary

Name : MAURIYA J YANCEY
Date of Birth : 2000-07-02
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 21
Member ID : 900039581*01
Date : 2022-5-15 10:12 AM
Address : 723 WHITE HALL LN UNIT B,VIRGINIA BEACH,VA
Marital Status :
Phone : 757/324-6467,
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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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