

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BOHANNON, ARLINE  
601 Commonwealth Dr  
Norton, VA, 242734053

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BOHANNON, ARLINE  
601 Commonwealth Dr  
Norton, VA, 242734053

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

01/13/2023

Dear BOHANNON,

Re: Patient AMANDA HUBBARD, DOB: 04/27/2006

Recently, one of your patients had a health visit with Focus Care. The visit was authorized by Virginia Premier Health, your patient's health insurance plan.

The attached document is a copy of the laboratory test results from their visit with Focus Care. We hope the information from these test results will be valuable and support you in your role as a primary care provider.

If you have any questions, please call 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" followed by a flourish.

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

# Patient Assessment Summary

Name	: AMANDA L HUBBARD	Age	: 16
Date of Birth	: 2006-04-27	Member ID	: 11000025
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-23 01:22 AM
Gender	: Female	Address	: 7121 SOUTHFORK ROAD 1,POUND,VA
Lob	: LOB	Marital Status	: Married
Email	: same as normal form	Phone	: , 873426
Primary Language	: Hebrew	Race	: Caucasian

## Vital Signs

Blood Pressure	873426/873426 mmHG	Pulse	873426 bpm	Respiratory Rate	09
Temp	10	Pulse Oximetry	10	Pain Scale /10	10
Age	16	Patients Height		Patients Weight	123 lbs
BMI					

## Allergies

None

## Current Medications

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

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive Devices and DME

Prosthesis, CPAP, Other - vyjhkjhgxcxf

Comment : vyjhkjhgxcxf

Falls during the past year

None

Comment : Home Safety & Personal Goals

## 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

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BOHANNON, ARLINE	
Cardiologist		

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## 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
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	Yes		Idl result		
RETINAL EYE EXAM	Yes		EVE test		
DEXA	Yes		dexa result		
PAD	Yes	2022-04-09	L: R:		

PHQ 2 Score: 6

PHQ 9 Score: 10

*If Score is Greater than 15, recommend additional treatment*

Score	Depression Severity
1 - 4	Minimal Depression
5 - 9	Mild Depression
10 - 14	Moderate Depression
15 - 19	Moderately Severe Depression
20 - 27	Severe Depression

*Comment : nothing*

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	vyjhkhgxcxf
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication	
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adherence	
Take medications as prescribed	
Other	

Assessor Comments	further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all
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