

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. CANDANCE SMITH  
849 S Sycamore St Ste A  
Petersburg, VA, 238035801

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CANDANCE SMITH  
849 S Sycamore St Ste A  
Petersburg, VA, 238035801

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

04/28/2022

Dear ,

Re: Patient undefined undefined, DOB:

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" with a stylized flourish at the end.

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

# Patient Assessment Summary

Name : DEWANA D HORNE  
Date of Birth : 1962-12-05  
Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob : DSNP  
Email :  
Primary Language : Korean

Age : 59  
Member ID : 11000033  
Date : 2022-4-4 01:22 AM  
Address : 1420 HULL ST,RICHMOND,VA  
Marital Status :  
Phone : 8045036292,  
Race : African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	59	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

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

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	CANDANCE SMITH	

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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	Completed				
MICROALBUMIN	No				
FOBT	Yes				
A1C	No				
LDL	Yes				
RETINAL EYE EXAM	Yes				
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	
Advanced Directive	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Other	

Assessor Comments	
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