

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. DICKERSON, TASHA B  
304 E LEIGH ST  
RICHMOND, VA, 232191410

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RICHMOND, VA, 232191410

c/o Focus Care  
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Woburn, MA 01801

01/05/2023

Dear DICKERSON,

Re: Patient LINDA YOUNG, DOB: 03/07/1998

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 M.D.", with a stylized flourish at the end.

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

# Patient Assessment Summary

Name	: LINDA YOUNG	Age	: 24
Date of Birth	: 1998-03-07	Member ID	: 11000045
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-16 02:07 PM
Gender	: Female	Address	: 2400 BURTON STREET,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: (571) 3445678, 678 1678 908
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	768 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	Patients Height		Patients Weight	
BMI	(Morbid Obesity)				

## Allergies

Substance	Reaction

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HYDROCO/APAP	7.5-325	Select	Select		
	ONDANSETRON	4MG ODT	Select	Select		
	DICYCLOMINE	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	SUMATRIPTAN	50MG	Select	Select		
	PROMETHAZINE	25MG	Select	Select		
	MIRTAZAPINE	15MG	Select	Select		
	APAP/CODEINE	300-30MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	METHOCARBAM	750MG	Select	Select		
	CELECOXIB	100MG	Select	Select		
	GABAPENTIN	300MG	Select	Select		
	METHYLPRED	4MG	Select	Select		
	HALOBETASOL	0.05%	Select	Select		
	RANITIDINE	150MG	Select	Select		
	TRAZODONE	150MG	Select	Select		
	FLUCONAZOLE	150MG	Select	Select		
	PROMETHEGAN	25MG	Select	Select		
	CEPHALEXIN	500MG	Select	Select		
	FAMOTIDINE	20MG	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	PROAIR		Select	Select		
	DICLOFENAC	1%	Select	Select		
	LORAZEPAM	1MG	Select	Select		

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	TRAMADOL	50MG	Select	Select		
	DULOXETINE	30MG	Select	Select		
	OXYCODONE	10MG	Select	Select		
	LYRICA	100MG	Select	Select		
	METOCLOPRAM	5MG	Select	Select		
	NYSTATIN	100000	Select	Select		
	SHINGRIX	50MCG	Select	Select		
	PROCHLORPER	10MG	Select	Select		
	TRIAMCINOLON	0.10%	Select	Select		
	DIAZEPAM	5MG	Select	Select		
	ALBUTEROL	E HFA INH	Select	Select		
	SUCRALFATE	1GM	Select	Select		

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-11-09				

## Diagnoses under Chronic Care Management

### Active

1. Cataracts
2. Difficulty with Hearing
3. Sleep Apnea
4. Cardiomyopathy, Hypertension
5. GERD
6. Spinal Stenosis
7. Skin ulcer
8. Diabetes, Peripheral Neuropathy secondary to Diabetes

### History of

1. Stroke

## Care management related to patient's activity levels

### Assisitive Devices and DME

Cane, Oxygen, CPAP

### Falls during the past year

Once

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

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

## 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 :

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Primary : Race : African American  
Language :

Had Surgery in the last 12 months :  
Ever been hospitalized prior to the past 12 months: Yes

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DICKERSON, TASHA B	
Hematologist		

## Family History:

Family Member	Medical Condition	Cause of Death

## 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					
DEXA	No				
PAD	Yes	2022-12-02	L: (Normal) R:		

PHQ 2 Score: 3

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Healthcare Proxy	

### Disease Management

Hearing evaluation	
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Assessor Comments	
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