

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MAJUMDAR, SOHINI  
2148 W Mercury Blvd  
Hampton, VA, 236663111

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MAJUMDAR, SOHINI  
2148 W Mercury Blvd  
Hampton, VA, 236663111

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

01/13/2023

Dear MAJUMDAR,

Re: Patient CELIA CARTER, DOB: 03/11/1984

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 stylized flourish.

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

# Patient Assessment Summary

Name	: CELIA CARTER	Age	: 38
Date of Birth	: 1984-03-11	Member ID	: 11000055
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-10 10:19 AM
Gender	: Female	Address	: 800 DAPHIA CIRCLE,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Separated
Email	: abc@gmail.com	Phone	: ,
Primary Language	:	Race	: Asian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	38	Patients Height	445 feet 555 inch	Patients Weight	66666 lbs
BMI	1.3				

## Allergies

Substance	Reaction

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	LEVOTHYROXIN	TAB 112MCG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Not Taking
	SMZ/TMP	TAB 800-160	Select	Select		
	EUTHYROX	TAB 100MCG	Select	Select		
	METRONIDAZOL	TAB 500MG	Select	Select		
	TRAMADOL	TAB 50MG	Select	Select		
	SUCRALFATE	TAB 1GM	Select	Select		
	DOXYCYC	CAP 100MG	Select	Select		
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Not Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		
	Select		Select	Select		
	Select		Select	Select		

## Over the Counter Medications / Supplements

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

## Diagnoses under Chronic Care Management

### Active

1. Cataracts
2. Difficulty with Hearing
3. Diabetes, Peripheral Neuropathy secondary to Diabetes

### History of

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## 1. Myocardial Infarction

### Care management related to patient's activity levels

Assisstive Devices and DME

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 : None

Number of times in past 12 months been to the Emergency Room : 1

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: Yes

### Providers:

Medical Specialty	Specialist	For
Primary Care Physician	MAJUMDAR, SOHINI	
Ophthalmologist		

### Family History:

Family Member	Medical Condition	Cause of Death
Father		

### 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	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

### Preventative Follow up needed

### Screenings

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Breast Cancer Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

## Social

Member educated on advance care planning	
Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Literacy	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	
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