

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. VILLANUEVA, JOHN G
8380 BOYDTON PLANK ROAD
PRINCE GEORGE, VA, 238751400

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



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

VILLANUEVA, JOHN G
8380 BOYDTON PLANK ROAD
PRINCE GEORGE, VA, 238751400

Dear Dr. VILLANUEVA, JOHN G

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

HARRISON ANDERSON
1957-04-01
11000127

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 concern.

If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.

Sincerely,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: HARRISON ANDERSON	Age	: 65
Date of Birth	: 1957-04-01	Member ID	: 11000127
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-24 12:58 PM
Gender	: Male	Address	: PO BOX 776,PRINCE GEORGE,VA
Lob	: DSNP	Marital Status	: Married
Email	: jkl@gmail.com	Phone	: 8044520555, 5847123695
Primary Language	: English	Race	: African American

Vital Signs

Blood Pressure	25/25 mmHG	Pulse	25 bpm	Respiratory Rate	25
Temp	37	Pulse Oximetry	36	Pain Scale /10	36
Age	65	Patients Height	3 feet 35 inch	Patients Weight	11 lbs
BMI	1.5 (Morbid Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
hii	Omeprazole	25	SQ = Subcutaneous	BID	mk	Taking

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Respiratory Arrest
2. Cerebral Hemorrhage

History of

1. Hyperopia
2. Seasonal Allergies
3. Carotid Stenosis
4. Abnormal Cardiac Rhythm
5. Other - ddd
6. Osteoporosis
7. Hypothyroidism

Care management related to patient's activity levels

Assisitive Devices and DME

Cane

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 : 2

lkj

Number of times in past 12 months stayed overnight in hospital : 4

Patient Assessment Summary

Name	: HARRISON ANDERSON	Age	: 65
Date of Birth	: 1957-04-01	Member ID	: 11000127
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-24 12:58 PM
Gender	: Male	Address	: PO BOX 776,PRINCE GEORGE,VA
Lob	: DSNP	Marital Status	: Married
Email	: jkl@gmail.com	Phone	: 8044520555, 5847123695
Primary Language	: English	Race	: African American

okm

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : 5

okj

Ever been hospitalized prior to the past 12 months: Yes

oo

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	VILLANUEVA, JOHN G	

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	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

PHQ 9 Score: 18

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 : sss

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Colorectal Screening	
Influenza Vaccine	
COVID-19 Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	

Patient Assessment Summary

Name : HARRISON ANDERSON
Date of Birth : 1957-04-01
Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : DSNP
Email : jkl@gmail.com
Primary Language : English

Age : 65
Member ID : 11000127
Date : 2022-2-24 12:58 PM
Address : PO BOX 776,PRINCE GEORGE,VA
Marital Status : Married
Phone : 8044520555, 5847123695
Race : African American

Cholesterol Screening	
Glaucoma Screening	
STIs/HIV Screening	
Cervical Cancer Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

Social

Smoking/Tobacco	
Substance Abuse	
Healthcare Proxy	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Take medications as prescribed	
Other	

Assessor Comments	DDD
-------------------	-----