

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SQUIRE, ROBERT HALL
511 Belfield Dr #A
Emporia, VA, 238471217

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.



SQUIRE, ROBERT HALL
511 Belfield Dr #A
Emporia, VA, 238471217

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

05/04/2022

Dear SQUIRE,

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	: MARIA MORALES	Age	: 64
Date of Birth	: 1957-06-02	Member ID	: 11000145
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-20 05:24 PM
Gender	: Female	Address	: C/O MARIA MORALES,EMPORIA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4345-327/ 328, 233445 5667
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	64	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ALENDRONATE	70MG	Select	Select		
	PREDNISONE	2.5MG	Select	Select		
	LEFLUNOMIDE	20MG	Select	Select		
	LYRICA	100MG	Select	Select		
	MECLIZINE	12.5MG	Select	Select		
	POT CL MICRO	20MEQ ER	Select	Select		
	DICLOFENAC	1%	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	ATORVASTATIN	20MG	Select	Select		
	GABAPENTIN	100MG	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	KLOR-CON	20MEQ ER	Select	Select		
	SMZ/TMP	800-160	Select	Select		
	LISINAPRIL	20MG	Select	Select		
	SMZ-TMP	400-80MG	Select	Select		
	NYSTOP	100000	Select	Select		
	AZITHROMYCIN	250MG	Select	Select		
	ONDANSETRON	4MG ODT	Select	Select		
	CEPHALEXIN	250MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	DOXYCYCL	100MG	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

Name	: MARIA MORALES	Age	: 64
Date of Birth	: 1957-06-02	Member ID	: 11000145
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-20 05:24 PM
Gender	: Female	Address	: C/O MARIA MORALES,EMPORIA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4345-327/ 328, 233445 5667
Primary Language	:	Race	: Caucasian

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 : 1

One

Number of times in past 12 months stayed overnight in hospital : 2

Two

Number of times in past 12 months been in a nursing home : 3

Three

Had Surgery in the last 12 months : 4

Four

Ever been hospitalized prior to the past 12 months: Yes

At hospital

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	SQUIRE, ROBERT HALL	

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	Yes	2022-02-23	positive	diagn 1	commen 1
FOBT	No				
A1C	Yes		tgy	diag 1	comm 1
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 5

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

Patient Assessment Summary

Name : MARIA MORALES
Date of Birth : 1957-06-02
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary :
Language :

Age : 64
Member ID : 11000145
Date : 2022-2-20 05:24 PM
Address : C/O MARIA MORALES,EMPORIA,VA
Marital Status :
Phone : 4345-327/ 328, 233445 5667
Race : Caucasian

Comment : Comments

Preventative Follow up needed Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	

Social

None

Disease Management

None

Assessor Comments	
-------------------	--