

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. PAINE, MATTHEW S
13540 Hull Street Rd
Midlothian, VA, 231122107

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

PAINE, MATTHEW S
13540 Hull Street Rd
Midlothian, VA, 231122107

Dear Dr. PAINE, MATTHEW S

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:

ARIE H HALL
1962-02-03
11000166

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	: ARIE H HALL	Age	: 60
Date of Birth	: 1962-02-03	Member ID	: 11000166
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-2 05:21 PM
Gender	: Female	Address	: 15927 RUFFIN LN,AMELIA COURT HOUSE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8048366015,
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	LEVOFLOXACIN	500MG	Select	Select		
	GABAPENTIN	300MG	Select	Select		
	DIAZEPAM	5MG	Select	Select		
	UBRELVY	100MG	Select	Select		
	ALBUTEROL	E	Select	Select		
	IBUPROFEN	800MG	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	PROAIR		Select	Select		
	OXYCODONE	10MG	Select	Select		
	CHANTIX	1MG	Select	Select		
	BUMETANIDE	1MG	Select	Select		
	COLESTIPOL	1GM	Select	Select		
	FLUTICASON	50MCG	Select	Select		
	TRAZODONE	100MG	Select	Select		
	FUROSEMIDE	20MG	Select	Select		
	PROCHLORPER	10MG	Select	Select		
	RESTASIS	0.05%	Select	Select		
	ELIQUIS	5MG	Select	Select		
	LISINOPRIL	20MG	Select	Select		
	FLUCONAZOLE	150MG	Select	Select		
	CEPHALEXIN	500MG	Select	Select		
	TOBRA/DEXAME	0.3-0.1%	Select	Select		
	NARCAN		Select	Select		
	MIDODRINE	5MG	Select	Select		
	TRAMADOL	50MG	Select	Select		
	TOPIRAMATE	50MG	Select	Select		
	VENLAFAXINE	75MG ER	Select	Select		

Patient Assessment Summary

Name	: ARIE H HALL	Age	: 60
Date of Birth	: 1962-02-03	Member ID	: 11000166
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-2 05:21 PM
Gender	: Female	Address	: 15927 RUFFIN LN,AMELIA COURT HOUSE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8048366015,
Primary Language	:	Race	: African American

	DICLOFENAC	1%	Select	Select		
	XARELTO	15MG	Select	Select		
	AMITRIPTYLIN	25MG	Select	Select		
	HYDROCO/APAP	5-325MG	Select	Select		
	METHOCARBAM	500MG	Select	Select		
	DILTIAZEM	60MG	Select	Select		
	BUT/APAP/CAF		Select	Select		
	MECLIZINE	25MG	Select	Select		
	NURTEC	75MG ODT	Select	Select		
	SHINGRIX	50/0.5ML	Select	Select		
	CARBAMAZEPIN	200MG	Select	Select		
	METHYLPRED	4MG	Select	Select		
	LABETALOL	100MG	Select	Select		

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 :

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 :

Had Surgery in the last 12 months :

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	PAINE, MATTHEW S	

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
----------------	---------------------	-----------	------------------	-----------	----------

Patient Assessment Summary

Name : ARIE H HALL
Date of Birth : 1962-02-03
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 60
Member ID : 11000166
Date : 2022-3-2 05:21 PM
Address : 15927 RUFFIN LN,AMELIA COURT HOUSE,VA
Marital Status :
Phone : 8048366015,
Race : African American

MICROALBUMIN	No				
FOBT	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed Screenings

Colorectal Screening	
Influenza Vaccine	

Social

None

Disease Management

None

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