

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. FLICKINGER, TABOR E  
661 University LnSte A  
Orange, VA, 229602243

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**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.



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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

FLICKINGER, TABOR E  
661 University Ln Ste A  
Orange, VA, 22960-2243

Dear Dr. FLICKINGER, TABOR E

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:

RUBEN JACKSON  
1988-06-01  
11000213

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	: RUBEN JACKSON	Age	: 33
Date of Birth	: 1988-06-01	Member ID	: 11000213
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-14 09:36 AM
Gender	: Male	Address	: P.O. BOX 1033,ORANGE,VA
Lob	: M4	Marital Status	:
Email	:	Phone	: 5406721142,
Primary Language	: German	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	33	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisstive Devices and DME

Walker, Urinal

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 : None

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

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	FLICKINGER, TABOR E	

## 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
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Gender : Male  
Lob : M4  
Email :  
Primary Language : German

Age : 33  
Member ID : 11000213  
Date : 2022-3-14 09:36 AM  
Address : P.O. BOX 1033,ORANGE,VA  
Marital Status :  
Phone : 5406721142,  
Race : African American

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

PHQ 2 Score: 2

## Preventative Follow up needed

### Screenings

None

### Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Social support evaluation	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Take medications as prescribed	
Other	

Assessor Comments	
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