

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BASHORE, RANDALL T  
2217 Princess Anne St Ste 100-2  
Fredericksburg, VA, 224013359

**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

BASHORE, RANDALL T  
2217 Princess Anne StSte 100-2  
Fredericksburg, VA, 224013359

Dear Dr. BASHORE, RANDALL T

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:

TRACEY J ROANE  
1944-03-03  
11000284

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	: TRACEY J ROANE	Age	: 78
Date of Birth	: 1944-03-03	Member ID	: 11000284
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-29 01:31 PM
Gender	: Female	Address	: 2831 HARRIS HILL ROAD,DUNNSVILLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8044430383,
Primary Language	: English	Race	: Caucasian

## Vital Signs

Blood Pressure	120/90 mmHG	Pulse	98 bpm	Respiratory Rate	96
Temp	97.6	Pulse Oximetry	126	Pain Scale /10	8
Age	78	Patients Height	5 feet 9 inch	Patients Weight	280 lbs
BMI	41.3 (Morbid Obesity)				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANTOPRAZOLE	40MG	Select	Select		
	LAMOTRIGINE	200MG	Select	Select		
	HYDROCHLOROT	25MG	Select	Select		
	FLUTIC/SALME	100/50	Select	Select		
	BUSPIRONE	7.5MG	Select	Select		
	ALBUTEROL	HFA	Select	Select		
	PREDNISONE	50MG	Select	Select		
	AZITHROMYCIN	250MG	Select	Select		
	OSELTAMIVIR	75MG	Select	Select		
	LEVOTHYROXIN	50MCG	Select	Select		
	CHLORHEX	0.12%	Select	Select		
	HYDROMORPHON	4MG	Select	Select		
	FLUZONE	2019-20	Select	Select		
	PROAIR		Select	Select		

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive Devices and DME

Comment : Co1

Oxygen

Comment : Co2

Falls during the past year

None

# Patient Assessment Summary

Name	: TRACEY J ROANE	Age	: 78
Date of Birth	: 1944-03-03	Member ID	: 11000284
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-29 01:31 PM
Gender	: Female	Address	: 2831 HARRIS HILL ROAD,DUNNSVILLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8044430383,
Primary Language	: English	Race	: Caucasian

## 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	BASHORE, RANDALL T	

## 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	2022-03-28	Dont have	test	test
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 5

PHQ 9 Score: 19

*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 : comment 01

## Preventative Follow up needed

## Screenings

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

# Patient Assessment Summary

Name	: TRACEY J ROANE	Age	: 78
Date of Birth	: 1944-03-03	Member ID	: 11000284
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-29 01:31 PM
Gender	: Female	Address	: 2831 HARRIS HILL ROAD,DUNNSVILLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8044430383,
Primary Language	: English	Race	: Caucasian

Diabetes Screening	
Cholesterol Screening	
Cervical Cancer Screening	
Prostate Screening	

## Social

Smoking/Tobacco	
Durable Power of attorney	
Food Disparity	
Social support evaluation	

## Disease Management

None

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