

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BOODRAM, KADARNATH  
601 Old Wagner Rd Ste 103  
Petersburg, VA, 238059313

**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.



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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

BOODRAM, KADARNATH  
601 Old Wagner Rd Ste 103  
Petersburg, VA, 238059313

Dear Dr. BOODRAM, KADARNATH

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:

ADOLPH W SKALAK  
1948-05-11  
11000310

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             | : ADOLPH W SKALAK       | Age            | : 73                               |
| Date of Birth    | : 1948-05-11            | Member ID      | : 11000310                         |
| Evaluator Name   | : test clinicianFE, FNP | Date           | : 2022-4-2 10:19 AM                |
| Gender           | : Male                  | Address        | : 9416 POLE RUN ROAD,DISPUTANTA,VA |
| Lob              | : DSNP                  | Marital Status | :                                  |
| Email            | :                       | Phone          | : 8047320252,                      |
| Primary Language | :                       | Race           | : Caucasian                        |

## Vital Signs

|                |                 |                 |     |                  |  |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse           | bpm | Respiratory Rate |  |
| Temp           |                 | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 73              | Patients Height |     | Patients Weight  |  |
| BMI            |                 |                 |     |                  |  |

## 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

Assisitive 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 | BOODRAM, KADARNATH |     |

## 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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|                  |    |  |  |  |  |
|------------------|----|--|--|--|--|
| MICROALBUMIN     | No |  |  |  |  |
| FOBT             | No |  |  |  |  |
| A1C              | No |  |  |  |  |
| LDL              | No |  |  |  |  |
| RETINAL EYE EXAM | No |  |  |  |  |
| DEXA             | No |  |  |  |  |
| PAD              | No |  |  |  |  |

PHQ 2 Score:

Preventative Follow up needed  
Screenings

None

Social

None

Disease Management

None

|                   |  |
|-------------------|--|
| Assessor Comments |  |
|-------------------|--|