

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. CHIU, GRACE H
9950 Courthouse Rd
Charles City, VA, 230303434

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CHIU, GRACE H
9950 Courthouse Rd
Charles City, VA, 230303434

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

2022-04-27

Dear CHIU,

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".

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: RUBY L JONES	Age	: 42
Date of Birth	: 1980-02-13	Member ID	: 11000320
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-19 06:16 PM
Gender	: Female	Address	: 1806 ATLANTIC ST,HOPEWELL,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8047217824, 8046685515
Primary Language	: English	Race	: African American

Vital Signs

Blood Pressure	25/25 mmHG	Pulse	75 bpm	Respiratory Rate	35
Temp	37	Pulse Oximetry	25	Pain Scale /10	9
Age	42	Patients Height	5.5 feet 66 inch	Patients Weight	75 lbs
BMI	3.0				

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 : 2

Number of times in past 12 months been to the Emergency Room : 2
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 : 2
three

Had Surgery in the last 12 months : 2
four

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	CHIU, GRACE H	

Family History:

None

Care management related to preventive care

Patient Assessment Summary

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Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language : English

Age : 42
Member ID : 11000320
Date : 2022-5-19 06:16 PM
Address : 1806 ATLANTIC ST,HOPEWELL,VA
Marital Status :
Phone : 8047217824, 8046685515
Race : African American

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

None

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

None

Assessor Comments	
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