

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. DAME, LIEN P  
661 University LnSte A  
Orange, VA, 229602243

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Orange, VA, 229602243

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

05/18/2022

Dear DAME,

Re: Patient KEVIN GOODMAN, DOB:02/04/1983

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	: KEVIN J GOODMAN	Age	: 39
Date of Birth	: 1983-02-04	Member ID	: 11000353
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-29 06:53 PM
Gender	: Male	Address	: 213 SPOTSWOOD RD,LOCUST GROVE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5409720959, 5406137082
Primary Language	:	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	39	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

Assisstive Devices and DME

Prosthesis, Oxygen, Wheel Chair

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

No

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

## 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

Number of times in past 12 months stayed overnight in hospital : 2

Number of times in past 12 months been in a nursing home : 2

Had Surgery in the last 12 months : 2

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DAME, LIEN P	

## Family History:

None

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Gender : Male  
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## Care management related to preventive care

Screenings completed during today's visit:

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

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

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

### Disease Management

Discuss medication side effects with your Doctor	
Other	

Assessor Comments	
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