

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. HOBGOOD, SARAH  
417 N 11TH STREET  
RICHMOND, VA, 232985002

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HOBGOOD, SARAH  
417 N 11TH STREET  
RICHMOND, VA, 232985002

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

05/23/2022

Dear HOBGOOD,

Re: Patient BEATRICE HYMAN, DOB:04/11/1994

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 M.D.", with a stylized flourish at the end.

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

# Patient Assessment Summary

Name	: BEATRICE HYMAN	Age	: 28
Date of Birth	: 1994-04-11	Member ID	: 11000544
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-23 02:15 PM
Gender	: Male	Address	: 2108 FOURTH AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8043216466, 8049809430
Primary Language	: English	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	28	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	TOLTERODINE	4MG ER	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	LISINOPRIL	20MG	Select	Select		
	METOPROL	25MG	Select	Select		
	ALPRAZOLAM	0.5MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	BUSPIRONE	15MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	SERTRALINE	100MG	Select	Select		
	TRAZODONE	150MG	Select	Select		
	APAP/CODEINE	300-30MG	Select	Select		
	NARCAN		Select	Select		
	OXYCODONE	5MG	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

None

Falls during the past year

None

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## 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	HOBGOOD, SARAH	

## 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	2022-03-22	1233		
FOBT	Yes	2022-03-23	dddf		
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	
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