

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JACKSON, RICHARD A
304 E Leigh St
Richmond, VA, 232191410

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JACKSON, RICHARD A
304 E Leigh St
Richmond, VA, 232191410

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

05/20/2022

Dear JACKSON,

Re: Patient ELIZABETH HUNTER, DOB:01/08/1964

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 | : ELIZABETH HUNTER | Age | : 58 |
| Date of Birth | : 1964-01-08 | Member ID | : 11000616 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-2-28 02:40 PM |
| Gender | : Female | Address | : 5110 HACKNEY ROAD,NORTH CHESTERFIEL,VA |
| Lob | : DSNP | Marital Status | : |
| Email | : | Phone | : 77790123, 12390 |
| Primary Language | : | Race | : African American |

Vital Signs

| | | | | | |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 58 | 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 | JACKSON, RICHARD A | |

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 |
|----------------|---------------------|-----------|------------------|-----------|----------|
|----------------|---------------------|-----------|------------------|-----------|----------|

Patient Assessment Summary

Name : ELIZABETH HUNTER
Date of Birth : 1964-01-08
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary :
Language :

Age : 58
Member ID : 11000616
Date : 2022-2-28 02:40 PM
Address : 5110 HACKNEY ROAD,NORTH CHESTERFIEL,VA
Marital Status :
Phone : 77790123, 12390
Race : African American

| | | | | | |
|------------------|-----|--|----------|--|--|
| MICROALBUMIN | Yes | | | | |
| FOBT | No | | | | |
| A1C | Yes | | | | |
| LDL | No | | | | |
| RETINAL EYE EXAM | No | | | | |
| DEXA | No | | | | |
| PAD | Yes | | L: R: | | |

PHQ 2 Score:

Preventative Follow up needed Screenings

None

Social

None

Disease Management

None

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