

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ENGEL, GINA D
15 Pratts RunSte 103
Waynesboro, VA, 229806606

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ENGEL, GINA D
15 Pratts RunSte 103
Waynesboro, VA, 229806606

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

07/16/2022

Dear ENGEL,

Re: Patient JUDITH RORRER, DOB: 03/02/1952

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	: JUDITH A RORRER	Age	: 70
Date of Birth	: 1952-03-02	Member ID	: 11000678
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-2 05:25 PM
Gender	: Female	Address	: 656 Edwardian Lane,WAYNESBORO,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5408360117,
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Parotid Disease
2. Acute Upper Respiratory Infection

History of

1. Chronic Post Nasal Drip
2. Asthma

Care management related to patient's activity levels

Assisstive Devices and DME

Cane, Prosthesis, Oxygen, Wheel Chair, Bed Pan

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ENGEL, GINA D	

Family History:

Patient Assessment Summary

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None

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

Hepatitis C Screening	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

Dental exam	
Eye exam	
Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	
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