

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. TU, PRISCILLA  
2145 Mount Pleasant Blvd Se  
Roanoke, VA, 240143632

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TU, PRISCILLA  
2145 Mount Pleasant Blvd Se  
Roanoke, VA, 240143632

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

06/06/2022

Dear TU,

Re: Patient JAMES MARTIN, DOB: 01/12/1976

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", followed by the letters "M.D." in a smaller font.

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

# Patient Assessment Summary

|                  |                         |                |                                  |
|------------------|-------------------------|----------------|----------------------------------|
| Name             | : JAMES D MARTIN        | Age            | : 46                             |
| Date of Birth    | : 1976-01-12            | Member ID      | : 11000767                       |
| Evaluator Name   | : test clinicianFE, FNP | Date           | : 2022-6-2 10:28 AM              |
| Gender           | : Male                  | Address        | : 3038 MELROSE AVE NW,ROANOKE,VA |
| Lob              | : DSNP                  | Marital Status | :                                |
| Email            | :                       | Phone          | : 5403200822,                    |
| Primary Language | :                       | Race           | : Caucasian                      |

## Vital Signs

|                |                 |                 |     |                  |  |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse           | bpm | Respiratory Rate |  |
| Temp           |                 | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 46              | 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 | TU, PRISCILLA |     |

## 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 : JAMES D MARTIN

Date of Birth : 1976-01-12

Evaluator Name : test clinicianFE, FNP

Gender : Male

Lob : DSNP

Email :

Primary :

Language :

Age : 46

Member ID : 11000767

Date : 2022-6-2 10:28 AM

Address : 3038 MELROSE AVE NW,ROANOKE,VA

Marital Status :

Phone : 5403200822,

Race : Caucasian

|                  |    |  |  |  |  |
|------------------|----|--|--|--|--|
| MICROALBUMIN     | No |  |  |  |  |
| FOBT             | No |  |  |  |  |
| 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 |  |
|-------------------|--|