

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ABDELSHAHEED, SAMIR T
6111 PORTSMOUTH BLVD
PORTSMOUTH, VA, 237011445

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



ABDELSHAHEED, SAMIR T
6111 PORTSMOUTH BLVD
PORTSMOUTH, VA, 237011445

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

08/17/2022

Dear ABDELSHAHEED,

Re: Patient CAROLYN SCOTT, DOB: 03/01/1968

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, handwritten font.

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

Patient Assessment Summary

Name	: CAROLYN F SCOTT	Age	: 54
Date of Birth	: 1968-03-01	Member ID	: 11001060
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-22 03:36 PM
Gender	: Female	Address	: 3936 ANCHOR AVE.,CHESAPEAKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7573594616,
Primary Language	: English	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	54	Patients Height	12 feet 03 inch	Patients Weight	123 lbs
BMI	4.0 (Moderate Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

None

History of

1. Legally Deaf, Tinnitus

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 : 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

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ABDELSHAHEED, SAMIR T	

Family History:

None

Patient Assessment Summary

Name : CAROLYN F SCOTT
Date of Birth : 1968-03-01
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language : English

Age : 54
Member ID : 11001060
Date : 2022-7-22 03:36 PM
Address : 3936 ANCHOR AVE.,CHESAPEAKE,VA
Marital Status :
Phone : 7573594616,
Race : African American

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	Yes				
A1C	No				
LDL	Yes				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	Yes		L: R:		

PHQ 2 Score:

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Substance Abuse	
Advanced Directive	
Food Disparity	
Social support evaluation	

Disease Management

Discuss medication side effects with your Doctor	
Dental exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Patient Assessment Summary

Name	: CAROLYN F SCOTT	Age	: 54
Date of Birth	: 1968-03-01	Member ID	: 11001060
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-22 03:36 PM
Gender	: Female	Address	: 3936 ANCHOR AVE.,CHESAPEAKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7573594616,
Primary Language	: English	Race	: African American

Assessor Comments	the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions
-------------------	---