

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. DELAHOUSSEY, ALADEE R  
4714 Marshall Ave  
Newport News, VA, 236072247

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**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.



DELAHOUSAYE, ALADEE R  
4714 Marshall Ave  
Newport News, VA, 236072247

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

08/11/2022

Dear DELAHOUSAYE,

Re: Patient WILGRESSA JOHNSON, DOB: 05/01/1962

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	: WILGRESSA L JOHNSON	Age	: 60
Date of Birth	: 1962-05-01	Member ID	: 11001067
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-5 04:34 PM
Gender	: Male	Address	: 700 KECOUGHTAN ROAD,HAMPTON,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7577082141, 7577880347
Primary Language	: English	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Hyperopia, Legally Blind
2. Acute Upper Respiratory Infection, Chronic Pulmonary Embolism

## Care management related to patient's activity levels

Assisstive Devices and DME

Cane, Prosthesis, Oxygen, 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	DELAHOUSSAYE, ALADEE R	

## Family History:

None

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## 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	No				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

None

### Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
Literacy	

### Disease Management

Discuss medication side effects with your Doctor	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Take medications as prescribed	
Other	

Assessor Comments	luator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; 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 and
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	concerns regarding medical care a
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