

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. GUZMANLEE, JOJOANNE A
885 Kempsville Rd Ste 320
Norfolk, VA, 235023800

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GUZMANLEE, JOJOANNE A
885 Kempsville Rd Ste 320
Norfolk, VA, 235023800

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

08/11/2022

Dear GUZMANLEE,

Re: Patient PATRICE ROLLINS, DOB: 06/01/1978

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	: PATRICE F ROLLINS	Age	: 44
Date of Birth	: 1978-06-01	Member ID	: 11001099
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-8 04:20 PM
Gender	: Female	Address	: 6405 AUBURN DR,VIRGINIA BEACH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phone	: 7575674249,
Primary Language	: Korean	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	44	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

None

History of

1. Glaucoma, Hyperopia
2. Difficulty with Hearing, Legally Deaf

Care management related to patient's activity levels

Assisstive Devices and DME

Cane, Prosthesis, Oxygen, Wheel Chair, Bed Pan

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

No

Worries about falling or feeling unsteady when standing or walking?

No

Did you have a fracture in past 6 months?

No

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:

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Medical Specialty	Specialist	For
Primary Care Physician	GUZMANLEE, JOJOANNE 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
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Substance Abuse	
Durable Power of attorney	
Food Disparity	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Dental exam	

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Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	ed by the evaluator 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 concerns regarding m
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