

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. ROTHEMICH, STEPHEN F  
401 N 11th St  
Richmond, VA, 232191901

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ROTHEMICH, STEPHEN F  
401 N 11th St  
Richmond, VA, 232191901

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

01/12/2023

Dear ROTHEMICH,

Re: Patient KISHA RIOS, DOB: 07/06/1971

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	: KISHA RIOS	Age	: 51
Date of Birth	: 1971-07-06	Member ID	: 11001183
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-25 11:20 AM
Gender	: Female	Address	: 4910 WOOD THRUSH CIR,HENRICO,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042903113, 8044473851
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	133/89 mmHG	Pulse	72 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	51	Patients Height	4 feet 2 inch	Patients Weight	223 lbs
BMI	62.7 (Morbid Obesity)				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ADVAIR	AER 250/50	Select	Select		
	LEVETIRACETA	TAB 1000MG	Select	Select		
	MONTELUKAST	TAB 10MG	Select	Select		
	FLUTICASONE	SPR 50MCG	Select	Select		
	ALBUTEROL	FAT E	Select	Select		
	OMEPRAZOLE	CAP 20MG	Select	Select		
	PROAIR	AER	Select	Select		
	CITALOPRAM	TAB 20MG	Select	Select		
	NAPROXEN	TAB 500MG	Select	Select		
	CYCLOBENZAPR	TAB 10MG	Select	Select		
	AMOX/K	TAB 875-125	Select	Select		
	SMZ/TMP	TAB 800-160	Select	Select		
	NEO/POLY/HC	SUS 1% OTIC	Select	Select		

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

None

## Care management related to past medical history

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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	ROTHEMICH, STEPHEN F	

## 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

None

### Social

None

## Disease Management

None

Assessor Comments	
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