

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HENDERSON, ROBERT J
2145 Mount Pleasant Blvd SE
Roanoke, VA, 240143632

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.



HENDERSON, ROBERT J
2145 Mount Pleasant Blvd SE
Roanoke, VA, 240143632

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

07/01/2022

Dear HENDERSON,

Re: Patient CHERYL CALE, DOB: 02/02/1955

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	: CHERYL L CALE	Age	: 67
Date of Birth	: 1955-02-02	Member ID	: 11001391
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-1 05:32 PM
Gender	: Female	Address	: 106 CLIFFVIEW DR, COVINGTON, VA
Lob	: DSNP	Marital Status	: Married
Email	: abc@gmail.com	Phone	: 5409658903,
Primary Language	: Hindi	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	Patients Height		Patients Weight	
BMI	(Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Alcohol Dependence, Amyotrophic Lateral Sclerosis, Bipolar Disorder, Cerebral Hemorrhage, Dementia, Depression, Drug Dependence, Guillain-Barre Disease, Hemiparesis, Multiple Sclerosis, Restless leg syndrome, Spinal Cord Injury, Stroke, Subdural Hematoma, TIA, Traumatic Brain Injury
2. Acute Renal Failure, BPH, Chronic Kidney Disease, ESRD, Erectile Dysfunction, Frequent UTI, Gynecological, Nephritis or Nephrosis, Other - undefined
3. Collagen (Connective) Tissue Disease, Degenerative Disc Disease, Extremity Fracture, Hallux Valgus, Hammer Toes, Osteoarthritis, Osteomyelitis, Spinal Stenosis, Systemic Lupus Erythematosus
4. Basil Cell Carcinoma
5. Chronic Kidney Disease secondary to Diabetes, Diabetic Retinopathy, Secondary Hyperparathyroidism, Hypertension and Diabetes, Hyperthyroidism, Hypothyroidism, Peripheral Vascular Disease secondary to Diabetes, Hyperparathyroidism, Other - described
6. AIDS, Anemia, Sepsis, Vitamin D Deficiency, Other - undefined

History of

1. Chronic Post Nasal Drip
2. Anxiety, Cerebral Palsy, Delusional Disease, Seizures
3. Kidney Stones, Urinary Incontinence
4. Gout, Rheumatoid Arthritis
5. Peripheral Neuropathy secondary to Diabetes
6. Community Acquired MRSA Infection, Herpes Zoster, Sickle Cell Disease, Thrombocytopenia

Care management related to patient's activity levels

Assistive Devices and DME

Walker, Oxygen, Urinal, CPAP

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Patient Assessment Summary

Name	: CHERYL L CALE	Age	: 67
Date of Birth	: 1955-02-02	Member ID	: 11001391
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-1 05:32 PM
Gender	: Female	Address	: 106 CLIFFVIEW DR, COVINGTON, VA
Lob	: DSNP	Marital Status	: Married
Email	: abc@gmail.com	Phone	: 5409658903,
Primary Language	: Hindi	Race	: Caucasian

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	HENDERSON, ROBERT J	

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	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Colorectal Screening	
COVID-19 Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	

Patient Assessment Summary

Name	: CHERYL L CALE	Age	: 67
Date of Birth	: 1955-02-02	Member ID	: 11001391
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-1 05:32 PM
Gender	: Female	Address	: 106 CLIFFVIEW DR, COVINGTON, VA
Lob	: DSNP	Marital Status	: Married
Email	: abc@gmail.com	Phone	: 5409658903,
Primary Language	: Hindi	Race	: Caucasian

Food Disparity	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Dental exam	
Swallowing evaluation	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
-------------------	--