

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. WARD, WILLIAM  
1945 Roanoke Blvd  
Salem, VA, 241536408

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WARD, WILLIAM  
1945 Roanoke Blvd  
Salem, VA, 241536408

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

08/11/2022

Dear WARD,

Re: Patient LLOYD MACHIA, DOB: 04/01/1945

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 "MMD" in a smaller, handwritten font.

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

# Patient Assessment Summary

Name	: LLOYD R MACHIA	Age	: 77
Date of Birth	: 1945-04-01	Member ID	: 11001575
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-27 02:00 PM
Gender	: Male	Address	: 5070 ORCHARD PARK DRIVE,ROANOKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8022336834,
Primary Language	: German	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	77	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive Devices and DME  
Cane, Prosthesis, Bedside Commode, 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	WARD, WILLIAM	

## 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
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MICROALBUMIN	Yes	2022-07-14			
FOBT	Yes	2022-07-14	Negaive values		
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Prostate Screening	

## Social

Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

## Disease Management

Discuss medication side effects with your Doctor	
Dental exam	
Eye exam	
Swallowing evaluation	
Other	

Assessor Comments	
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