

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. GOODMAN, ASHLEY D  
295 Wharton Ln NE  
Norton, VA, 242731541

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GOODMAN, ASHLEY D  
295 Wharton Ln NE  
Norton, VA, 242731541

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

06/11/2022

Dear GOODMAN,

Re: Patient APRIL HELTON, DOB:06/09/2002

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	: APRIL D HELTON	Age	: 20
Date of Birth	: 2002-06-09	Member ID	: 11002953
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-19 02:52 PM
Gender	: Female	Address	: 401 NORTH ST,CHESAPEAKE CITY,VA
Lob	: DSNP	Marital Status	: Divorced
Email	: abc@gmail.com	Phone	: 8063899504, 2763899504
Primary Language	: Hindi	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	20	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANTOPRAZOLE	40MG	Select	Select		
	BENZTROPINE	0.5MG	Select	Select		
	BUPROPION	300MG XL	Select	Select		
	PROPRANOLOL	10MG	Select	Select		
	HALOPERIDOL	10MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	LINZESS	145MCG	Select	Select		
	TOPIRAMATE	100MG	Select	Select		
	FLUZONE	2019-20	Select	Select		
	CHLORPROMAZINE	100MG	Select	Select		
	TRAZODONE	50MG	Select	Select		
	AFLURIA	2020-21	Select	Select		
	SOFOVIR/VELPAT	400-100	Select	Select		
	MUPIROICIN	2%	Select	Select		
	CLONAZEPAM	1MG	Select	Select		
	FLUCLOXACILIN	2021-22	Select	Select		
	SUCRALFATE	1GM	Select	Select		
	COLESTIPOL	1GM	Select	Select		
	SMZ/TMP	800-160	Select	Select		
	MONTELUKAST	10MG	Select	Select		
	DOXYCYCLINE	100MG	Select	Select		
	CLINDAMYCIN	300MG	Select	Select		
	IBUPROFEN	800MG	Select	Select		
	PREDNISONE	20MG	Select	Select		

## Over the Counter Medications / Supplements

None

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## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive Devices and DME

Walker, Oxygen, Wheel Chair, CPAP, Other -

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

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	GOODMAN, ASHLEY D	

## 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	

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Other	
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## Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

## Disease Management

None

Assessor Comments	
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