

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. WHITE, TINIKI R PA
6160 KEMPSVILLE CIRCLE SUITE 325A
NORFOLK, VA, 23502

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.



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

Dr. TINIKI WHITE
6160 KEMPSVILLE CIRCLE SUITE 325A
NORFOLK, VA, 23502

07/28/2022

Dear Dr. WHITE, TINIKI R PA,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

MARTHA D SELF
900031054*01

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concerns.

If you have any questions, please contact Focus Care at 1-800-371-3338 (TTY: 711) Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

Patient Assessment Summary

Name	: MARTHA D SELF	Age	: 62
Date of Birth	: 1959-11-02	Member ID	: 900031054*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-20 06:52 PM
Gender	: Female	Address	: 114 CROMWELL PKWY APT B326,NORFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 757/912-2615, 757/289-4073
Primary Language	: English	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	62	Patients Height		Patients Weight	
BMI					

Allergies

Substance	Reaction
subasancess	reacion

Current Medications

None

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-07-05	descriped	120 ml	PO = By Mouth	dail

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

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	WHITE, TINIKI R PA	

Family History:

None

Care management related to preventive care

Patient Assessment Summary

Name : MARTHA D SELF
Date of Birth : 1959-11-02
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language : English

Age : 62
Member ID : 900031054*01
Date : 2022-5-20 06:52 PM
Address : 114 CROMWELL PKWY APT B326,NORFOLK,VA
Marital Status :
Phone : 757/912-2615, 757/289-4073
Race : Caucasian

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

Breast Cancer Screening	
Influenza Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

None

Disease Management

Discuss medication side effects with your Doctor	
Other	

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