

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. FQHC-HEALTH AT LAUREL FORK, TRI-AREA COMMUNITY FQHC  
14558 DANVILLE PIKE  
LAUREL FORK, VA, 24352

**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. TRI-AREA COMMUNITY FQHC FQHC-HEALTH AT LAUREL FORK  
14558 DANVILLE PIKE  
LAUREL FORK, VA, 24352

05/31/2022

Dear Dr. FQHC-HEALTH AT LAUREL FORK, TRI-AREA COMMUNITY FQHC,

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:

REGINA F MABE  
900035844\*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	: REGINA F MABE	Age	: 52
Date of Birth	: 1970-01-04	Member ID	: 900035844*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-14 12:46 PM
Gender	: Female	Address	: 292 HAPPY HOLLOW ROAD,GALAX,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 276/238-1616,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	52	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

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	FQHC-HEALTH AT LAUREL FORK, TRI-AREA COMMUNITY FQHC	

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
----------------	-----------	-----------	------------------	-----------	----------

# Patient Assessment Summary

Name

: REGINA F MABE

Age

: 52

Date of Birth

: 1970-01-04

Member ID

: 900035844\*01

Evaluator Name

: test clinicianFE, FNP

Date

: 2022-6-14 12:46 PM

Gender

: Female

Address

: 292 HAPPY HOLLOW ROAD,GALAX,VA

Lob

: DSNP

Marital Status

:

Email

:

Phone

: 276/238-1616,

Primary Language

:

Race

: No Ethnicity

	Completed				
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	
-------------------	--