

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SAMUELS, GARFIELD HUE MD
4452 CORPORATION LN STE 300
VIRGINIA BEACH, VA, 23462

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

Dr. GARFIELD HUE SAMUELS
4452 CORPORATION LN STE 300
VIRGINIA BEACH, VA, 23462

2022-04-28

Dear Dr. SAMUELS, GARFIELD HUE MD,

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:

VANESSA V ONYIRIMBA
900039865*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 : VANESSA V ONYIRIMBA
Date of Birth : 1953-03-12
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language : Hindi

Age : 69
Member ID : 900039865*01
Date : 2022-3-23 03:39 PM
Address : 2412 E VIRGINIA BLVD APT 10B,NORFOLK,VA
Marital Status :
Phone : 757/729-0610,
Race : No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	69	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 : 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	SAMUELS, GARFIELD HUE MD	

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	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

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

None

Assessor Comments	
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