

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. HAITHCOCK, RODERICK E MD  
STE 200 2401 W LEIGH ST  
RICHMOND, VA, 23220

**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

JANIE M TRENT

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

Dr. HAITHCOCK, RODERICK E MD  
STE 200 2401 W LEIGH ST  
RICHMOND,VA,23220

2022-04-19

Dear Dr. HAITHCOCK, RODERICK E 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:

JANIE M TRENT  
900041955\*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 concern.

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 grey ink, appearing to read "T. Lundquist".

Dr. Thomas Lundquist, M.D.  
Chief Medical Officer  
Optima Health

# Patient Assessment Summary

Name	: JANIE M TRENT	Age	: 60
Date of Birth	: 1962-02-03	Member ID	: 900041955*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-19 04:18 PM
Gender	: Female	Address	: 3510 CHAMBERLAYNE AVE APT S,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 804/447-1884,
Primary Language	: Greek	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## 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	HAITHCOCK, RODERICK E 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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# Patient Assessment Summary

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Gender : Female  
Lob : DSNP  
Email :  
Primary Language : Greek

Age : 60  
Member ID : 900041955\*01  
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Address : 3510 CHAMBERLAYNE AVE APT S,RICHMOND,VA  
Marital Status :  
Phone : 804/447-1884,  
Race : No Ethnicity

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

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Other	

Assessor Comments	
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