

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. WHITE 3
6160 KEMPSVILLE CIRCLE SUITE 325A
NORFOLK, VA, 23502

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

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

2022-04-28

Dear Dr. WHITE 3,

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:

ALBERTA E WELLS
900044081*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 : ALBERTA E WELLS
Date of Birth : 1948-05-02
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 73
Member ID : 900044081*01
Date : 2022-2-28 12:05 PM
Address : 1644 FAIRFAX DR,VIRGINIA BEACH,VA
Marital Status :
Phone : 757/779-8915, 757/822-4626
Race : No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	73	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	WHITE 3	

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

Name

: ALBERTA E WELLS

Age

: 73

Date of Birth

: 1948-05-02

Member ID

: 900044081*01

Evaluator Name

: test clinicianFE, FNP

Date

: 2022-2-28 12:05 PM

Gender

: Female

Address

: 1644 FAIRFAX DR,VIRGINIA BEACH,VA

Lob

: DSNP

Marital Status

:

Email

:

Phone

: 757/779-8915, 757/822-4626

Primary Language

:

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

None

Disease Management

None

Assessor Comments	
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