

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. PEREZ, MICHAEL D MD  
8640 SUDLEY RD SUITE 203  
MANASSAS, VA, 20110

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

KEVIN L WIGGINS

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

Dr. PEREZ, MICHAEL D MD  
8640 SUDLEY RD SUITE 203  
MANASSAS,VA,20110

2022-04-08

Dear Dr. PEREZ, MICHAEL D 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:

KEVIN L WIGGINS  
900046175\*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 "Dr. Lundquist".

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

# Patient Assessment Summary

Name : KEVIN L WIGGINS  
Date of Birth : 1977-11-02  
Evaluator Name : test clinicianFE, FNP  
Gender : Male  
Lob : DSNP  
Email :  
Primary Language :

Age : 44  
Member ID : 900046175\*01  
Date : 2022-3-16 11:41 AM  
Address : 6112 FOX RUN,FAIRFAX,VA  
Marital Status :  
Phone : 202/589-5818,  
Race : No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	44	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	PEREZ, MICHAEL D 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

Name	: KEVIN L WIGGINS	Age	: 44
Date of Birth	: 1977-11-02	Member ID	: 900046175*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-16 11:41 AM
Gender	: Male	Address	: 6112 FOX RUN,FAIRFAX,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 202/589-5818,
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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