

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. MICHAEL LEE DAVIS
409 GLENWOOD ST, Ste 500
GLEN ROSE, TX, 76043

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 W. Cummings Park
Suite 2700
Woburn, MA 01801

MICHAEL LEE DAVIS
409 GLENWOOD ST, Ste 500
GLEN ROSE, TX, 76043

Dear Dr. DAVIS,

Through our partnership with Focus Care, your patient, covered through Care N' Care (HMO/PPO) health plan, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

Kenneth G Williams
02/11/1949
CC0024598

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 or if you want to set up an In-Home Health Review, please call Focus Care at 1-855-977-8820, Monday through Friday, 8:30 am to 9:00 pm CT.

Sincerely,

A handwritten signature in black ink, appearing to read "J Fish", is written over a light gray circular background.

Jason Fish, MD
Chief Medical Officer
Care N' Care Insurance Co., Inc.

Y0107_21_749_C

Patient Assessment Summary

Name	: Kenneth G Williams	Age	: 73
Date of Birth	: 1949-02-11	Member ID	: CC0024598
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 04:08 PM
Gender	: Male	Address	: 2295 County Road 326,Glen Rose,TX
Lob	:	Marital Status	:
Email	: judy@wbranch.net	Phone	: 2543961492, 2543961492
Primary Language	: Persian	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

Active

1. Parotid Disease
2. GERD, Hepatitis

History of

1. Cachexia

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Bed Pan, Other - describe

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

Yes

Worries about falling or feeling unsteady when standing or walking?

No

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

No

Are you on osteoporosis med?

Yes

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

Patient Assessment Summary

Name	: Kenneth G Williams	Age	: 73
Date of Birth	: 1949-02-11	Member ID	: CC0024598
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 04:08 PM
Gender	: Male	Address	: 2295 County Road 326,Glen Rose,TX
Lob	:	Marital Status	:
Email	: judy@wbranch.net	Phone	: 2543961492, 2543961492
Primary Language	: Persian	Race	: No Ethnicity

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	MICHAEL LEE DAVIS	

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
MICROALBUMIN					
FOBT					
A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD					

PHQ 2 Score:

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Cholesterol Screening	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	

Patient Assessment Summary

Name	: Kenneth G Williams	Age	: 73
Date of Birth	: 1949-02-11	Member ID	: CC0024598
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 04:08 PM
Gender	: Male	Address	: 2295 County Road 326,Glen Rose,TX
Lob	:	Marital Status	:
Email	: judy@wbranch.net	Phone	: 2543961492, 2543961492
Primary Language	: Persian	Race	: No Ethnicity

Durable Power of attorney	
Advanced Directive	
Literacy	
Social support evaluation	

Disease Management

Dental exam	
Eye exam	
Blood Pressure checks	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment
-------------------	--