



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

Kimberly D Patterson
445 Gryder Rd
Chatsworth, GA, 30705

Dear Kimberly D Patterson,

Thank you for having your yearly health visit offered to you by Focus Care and Alliant Health Plans. At Focus Care, we believe better information leads to better care. Your health review with Focus Care is a great step toward preventive care and healthy living.

We have enclosed Personal Health Summary from your recent health visit. This summary gives you a good picture of your health and suggests immunizations, screenings, health tests, and local resources that you may want to discuss with your primary care provider.

We want to remind you that this private information does not affect your health care coverage in any way. Be sure to call Alliant Health Plans before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. If you have questions about this letter or the enclosed Personal Health Summary, please contact Focus Care at 1-706-310-8850, Monday through Friday, 8:30 am to 9:00 pm.

In good health,

Alliant Health Plans

Patient Assessment Summary

Name	: Kimberly D Patterson	Age	: 54
Date of Birth	: 1967-11-10	Member ID	: 173905001
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-11 00:00 AM
Gender	: Female	Address	: 445 Gryder Rd,Chatsworth,GA
Lob	:	Marital Status	:
Email	: k.patterson873@gmail.com	Phone	: 7062600668,
Primary Language	:	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	54	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	JAMES BROWN	

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	Yes				
FOBT	Yes				
A1C	Yes				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD					

PHQ 2 Score:

Preventative Follow up needed Screenings

None

Social

None

Disease Management

Hearing evaluation	
Dental exam	
Swallowing evaluation	
Other	

Assessor Comments	
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