



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

Norma J Davidson  
256 Snow Shoe Lane  
Clarkesville, GA, 30523

Dear Norma J Davidson,

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	: Norma J Davidson	Age	: 57
Date of Birth	: 1965-02-23	Member ID	: 182802001
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 01:42 PM
Gender	: Female	Address	: 256 Snow Shoe Lane,Clarksville,GA
Lob	:	Marital Status	:
Email	: davidson@hemc.net	Phone	: 7064996575,
Primary Language	: Korean	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	57	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Legally Deaf, Tinnitus
2. Chronic Post Nasal Drip
3. Parotid Disease

## Care management related to patient's activity levels

Assisstive Devices and DME

Walker, Prosthesis, Oxygen, Urinal, Bed Pan, CPAP

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	AMBROUS FINDLEY	

## Family History:

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None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 0

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	
Social support evaluation	

### Disease Management

Discuss medication side effects with your Doctor	
Hearing evaluation	
Dental exam	
Eye exam	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	

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Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	uator 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 my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in th
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