



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

Breanne Dodd  
29 Miller Dr  
Dawsonville, GA, 30534

Dear Breanne Dodd,

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	: Breanne Dodd	Age	: 35
Date of Birth	: 1986-07-19	Member ID	: 39558002
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-15 03:37 PM
Gender	: Female	Address	: 29 Miller Dr,Dawsonville,GA
Lob	:	Marital Status	:
Email	:	Phone	: 7708464600,
Primary Language	: Hindi	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	35	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## 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  
Cane, Prosthesis, Bedside Commode, Bed Pan  
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	Mark Moers	

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

PHQ 2 Score:

## Preventative Follow up needed Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Substance Abuse	
Durable Power of attorney	
Advanced Directive	
Literacy	

## Disease Management

Discuss medication side effects with your Doctor	
Dental exam	
Eye exam	
Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	
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