



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

Glenn W Malquist
3519 Point View Dr
Gainesville, GA, 30506

Dear Glenn W Malquist,

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	: Glenn W Malquist	Age	: 61
Date of Birth	: 1961-01-12	Member ID	: 45288001
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-1 03:37 PM
Gender	: Male	Address	: 3519 Point View Dr,Gainesville,GA
Lob	:	Marital Status	:
Email	: glennmalquist61@yahoo.com	Phone	: 6786776959,
Primary Language	: Hindi	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

None

History of

1. Parotid Disease

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Bedside Commode

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		

Family History:

None

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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:

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

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

Assessor Comments	
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