

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JAMES BROWN
320 Market St
Chatsworth, GA,

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

JAMES BROWN
320 Market St
Chatsworth, GA,

Dear Dr. JAMES BROWN,

Through our partnership with Focus Care, your patient, covered through Alliant Health Plans, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

Kimberly D Patterson
11/10/1967
173905001

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 us at 1-706-310-8850, Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

Alliant Health Plans

Patient Assessment Summary

Name : Kimberly D Patterson
Date of Birth : 1967-11-10
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob :
Email : k.patterson873@gmail.com
Primary Language :

Age : 54
Member ID : 173905001
Date : 2022-8-11 00:00 AM
Address : 445 Gryder Rd,Chatsworth,GA
Marital Status :
Phone : 7062600668,
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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