

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. AMBROUS FINDLEY
196 Ridgecrest Cir
Clayton, GA,

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



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

AMBROUS FINDLEY
196 Ridgecrest Cir
Clayton, GA,

Dear Dr. AMBROUS FINDLEY,

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:

Norma J Davidson
02/23/1965
182802001

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 | : 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:

Patient Assessment Summary

| | | | |
|------------------|-------------------------|----------------|-------------------------------------|
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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 | |

Patient Assessment Summary

Name

: Norma J Davidson

Date of Birth

: 1965-02-23

Evaluator Name

: test clinicianFE, FNP

Gender

: Female

Lob

:

Email

: davidson@hemc.net

Primary Language

: Korean

Age

: 57

Member ID

: 182802001

Date

: 2022-6-29 01:42 PM

Address

: 256 Snow Shoe Lane,Clarksville,GA

Marital Status

:

Phone

: 7064996575,

Race

: No Ethnicity

| | |
|--------------------------------------|--|
| 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 |
|-------------------|---|