

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Crystal Terrill
1400 River Place
Braselton, GA,

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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

Crystal Terrill
1400 River Place
Braselton, GA,

Dear Dr. Crystal Terrill,

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 A Damron
189242004

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 A Damron
Date of Birth : 1959-01-18
Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob :
Email :
Primary Language : Japanese

Age : 63
Member ID : 189242004
Date : 2022-6-15 04:02 PM
Address : 49 Fussen Strasse,Helen,GA
Marital Status : Married
Phone : 12323, 12323
Race : No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	63	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, Urinal, 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
Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	Crystal Terrill	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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	Completed				
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

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Osteoporosis Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Substance Abuse	
Healthcare Proxy	
Advanced Directive	
Literacy	
Social support evaluation	

Disease Management

Dental exam	
Eye exam	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

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Assessor Comments

advised by the evaluator 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 concer