

# CONFIDENTIAL INFORMATION

From :

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

To :

Dr.

, ,

**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

, ,

Dear Dr. ,

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:

Glenn W Malquist  
01/12/1961  
45288001

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	: 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

# 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

## 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	
-------------------	--