

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ghfhu
ghuru
ujiu, hjhujui, jkuhjk

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

ghfhu
ghuru
ujiu, hjhujui, jkuhjkx

Dear Dr. ghfhu,

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:

sharon l wade
05/16/1957
52403001

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 | : sharon l wade | Age | : 65 |
| Date of Birth | : 1957-05-16 | Member ID | : 52403001 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-6-8 09:35 PM |
| Gender | : Female | Address | : 407 Welsh Dr,Dalton,GA |
| Lob | : | Marital Status | : |
| Email | : lynnwade@housesindalton.com | Phone | : 7062178752, |
| Primary Language | : English | Race | : No Ethnicity |

Vital Signs

| | | | | | |
|----------------|--------------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 65 | 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. Retinal Disease
2. Aneurysm, Atrial Fibrillation, Myocardial Infarction
3. Cachexia, Gastroparesis, Hepatitis

Care management related to patient's activity levels

Assisstive Devices and DME

Cane, Prosthesis, Wheel Chair, 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

Providers:

| Medical Specialty | Specialist | For |
|------------------------|------------|-----|
| Primary Care Physician | ghfhu | |

Family History:

Patient Assessment Summary

| | | | |
|------------------|-------------------------------|----------------|--------------------------|
| Name | : sharon l wade | Age | : 65 |
| Date of Birth | : 1957-05-16 | Member ID | : 52403001 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-6-8 09:35 PM |
| Gender | : Female | Address | : 407 Welsh Dr,Dalton,GA |
| Lob | : | Marital Status | : |
| Email | : lynnwade@housesindalton.com | Phone | : 7062178752, |
| Primary Language | : English | Race | : No Ethnicity |

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:

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 options with your Doctor and/or pharmacist to improve medication adherence | |
| Hearing evaluation | |
| Dental exam | |
| Eye exam | |
| Blood Pressure checks | |
| Heart Healthy Diet | |
| Exercise 30 min a day | |
| Take medications as prescribed | |
| Other | |

Patient Assessment Summary

| | | | |
|------------------|-------------------------------|----------------|--------------------------|
| Name | : sharon l wade | Age | : 65 |
| Date of Birth | : 1957-05-16 | Member ID | : 52403001 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-6-8 09:35 PM |
| Gender | : Female | Address | : 407 Welsh Dr,Dalton,GA |
| Lob | : | Marital Status | : |
| Email | : lynnwade@housesindalton.com | Phone | : 7062178752, |
| Primary Language | : English | Race | : No Ethnicity |

| Assessor Comments |
|-------------------|
|-------------------|

| |
|---|
| tor 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 abandonme |
|---|