

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MARK STEELE  
1651 Gunbarrel Road  
Chattanooga, TN,

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

MARK STEELE  
1651 Gunbarrel Road  
Chattanooga, TN,

Dear Dr. MARK STEELE,

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:

Sheila Roach  
9716001

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             | : Sheila Roach          | Age            | : 61                             |
| Date of Birth    | : 1960-09-23            | Member ID      | : 9716001                        |
| Evaluator Name   | : test clinicianFE, FNP | Date           | : 2022-5-19 04:01 PM             |
| Gender           | : Female                | Address        | : 151 Cedarwood Dr, Ringgold, GA |
| Lob              | :                       | Marital Status | :                                |
| Email            | : jtroach@catt.com      | Phone          | : 4238025971,                    |
| Primary Language | : Portuguese            | 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            | (Moderate Obesity) |                 |     |                  |  |

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

1. Difficulty Chewing

## History of

1. Nose Bleeds
2. Difficulty Swallowing
3. Parotid Disease, Other - others

## Care management related to patient's activity levels

Assistive 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

## Providers:

| Medical Specialty      | Specialist  | For |
|------------------------|-------------|-----|
| Primary Care Physician | MARK STEELE |     |

## Family History:

# Patient Assessment Summary

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Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob :  
Email : jtroach@catt.com  
Primary Language : Portuguese

Age : 61  
Member ID : 9716001  
Date : 2022-5-19 04:01 PM  
Address : 151 Cedarwood Dr, Ringgold, GA  
Marital Status :  
Phone : 4238025971,  
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: 0

## Preventative Follow up needed

### Screenings

|                              |  |
|------------------------------|--|
| Breast Cancer Screening      |  |
| Influenza Vaccine            |  |
| Pneumococcal Vaccine         |  |
| Diabetic Foot Exam           |  |
| Glaucoma Screening           |  |
| Cervical Cancer Screening    |  |
| Prostate Screening           |  |
| Abdominal Aneurysm Screening |  |
| Nutrition/ weight management |  |

### Social

|                    |  |
|--------------------|--|
| Smoking/Tobacco    |  |
| Substance Abuse    |  |
| Healthcare Proxy   |  |
| Advanced Directive |  |
| Food Disparity     |  |
| Literacy           |  |

### Disease Management

|  |  |
|--|--|
| Discuss options with your Doctor and/or pharmacist to improve medication adherence |  |
| Discuss medication side effects with your Doctor                                   |  |
| Dental exam  |  |

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|                                |  |
|--------------------------------|--|
| Eye exam                       |  |
| Blood Pressure checks          |  |
| Heart Healthy Diet             |  |
| Take medications as prescribed |  |
| Other                          |  |

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