Evergreen Home Health
GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

Evergreen Home Health 239350
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/01/2026	**PATIENT INFORMATION**	
ORDER ID: 1195/1109	**PATIENT NAME:** Mary Lockhart	**DOB:** 07/02/1950
AGENCY ASSIGNED ID: 822	**ADDRESS:** 66 HALF N MOUNT TOM RD, MIO, MI 48647-	
CERTIFICATION PERIOD: 07/16/2026 to 09/13/2026	**PHONE:** (989) 346-0041	
PHYSICIAN FACE-TO-FACE DATE: 07/15/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: CVA

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Symptoms identified support difficulty to leave home for medical services required.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of PT skill Total Visits: 8 and Visit Freq: WK3: 1 (07/26/26-08/01/26),WK4: 1 (08/02/26-08/08/26),WK5: 1 (08/09/26-08/15/26),WK6: 1 (08/16/26-08/22/26),WK7: 1 (08/23/26-08/29/26),WK8: 1 (08/30/26-09/05/26),WK9: 1 (09/06/26-09/12/26),WK10: 1 (09/13/26-09/13/26)
2	08/21/2026 Problems : GG0170O1 - 12 Steps
3	GG0130F1 - Upper Body Dressing
4	GG0130A1 - Eating
5	GG0130H1 - Don/Doff Footwear

6	GG0130G1 - Lower Body Dressing
7	GG0130E1 - Shower/Bathe Self
8	GG0130C1 - Toileting Hygiene
9	GG0130B1 - Oral Hygiene
10	GG0170E1 - Chair to Bed to Chair
11	GG0170P1 - Picking Up Object
12	M1400 - Dyspnea
13	GG0170N1 - 4 Steps
14	GG0170M1 - 1 - Step (curb)
15	GG0170L1 - Walk 10 ft on Uneven Surface
16	GG0170K1 - Walk 150 Feet
17	GG0170J1 - Walk 50 ft with 2 Turns
18	GG0170I1 - Walk 10 Feet
19	GG0170G1 - Car Transfer
20	GG0170F1 - Toilet Transfer
21	GG0170D1 - Sit to Stand
22	08/21/2026 patient_goal: evaluate to pick up, Target Date: 09/13/2026,
23	08/24/2026 procedure: home exercise program, Notes: , cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: ,
24	08/21/2026 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 09/13/2026, how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional

	activities, Target Date: 09/13/2026, therapeutic exercises, Target Date: 09/13/2026, therapeutic modalities, Target Date: 09/13/2026, equipment training, Target Date: 09/13/2026, work simplification/energy conservation, Target Date: 09/13/2026, related medication(s) purpose and schedule, Target Date: 09/13/2026, symptoms requiring physician notification, Target Date: 09/13/2026,
25	08/21/2026 goal: patient/caregiver recalls
26	* lifestyle modifications to manage respiratory condition including
27	* diet changes and regular exercise
28	* strategies to control shortness of breath
29	* home remedies to keep lungs healthy
30	* recalls related medication(s) purpose, schedule, Target Date: 09/13/2026, Oral Hygiene - 06. Independent, Target Date: 09/13/2026, Toileting Hygiene - 06. Independent, Target Date: 09/13/2026, Shower/Bathe Self - 06. Independent, Target Date: 09/13/2026: DISCONTINUED, Lower Body Dressing - 06. Independent, Target Date: 09/13/2026, Don/Doff Footwear - 06. Independent, Target Date: 09/13/2026: DISCONTINUED, Eating - 06. Independent, Target Date: 09/13/2026, Upper Body Dressing - 06. Independent, Target Date: 09/13/2026: DISCONTINUED,
31	08/21/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 09/13/2026,

PHYSICIAN INFORMATION	
PHYSICIAN NAME: ALEXIS ATWELL, PA-C	
ADDRESS: 1910 E MILLER RD, FAIRVIEW, MI 48621	
PHONE: (989) 848-5644	**FAX:** (989) 318-4606

VERBAL ORDER AUTHORIZATION
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by STRICKLER, SN, SYDNEY*
Date: _____	Date: *09/01/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.