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

Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
Phone: 989-214-1114 Fax: 866-410-7843

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 08/31/2026	**PATIENT INFORMATION**
ORDER ID: 1195/1097	**PATIENT NAME:** Maureen Henze / **DOB:** 07/29/1936
AGENCY ASSIGNED ID: 911	**ADDRESS:** 9545 helen st, ATLANTA, MI 49709-
CERTIFICATION PERIOD: 08/13/2026 to 10/11/2026	**PHONE:** 989-306-8923
PHYSICIAN FACE-TO-FACE DATE: 06/10/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Acute subdural hematoma, Closed fracture of first lumbar vertebra

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Requires the use of an assistive device such as walker, cane, wheelchair or crutch; Unsteady gait and requires assistive device without assist of another person

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	Authorization changes of OT skill Total Visits: 3 and Visit Freq: WK3: 1 (08/23/26-08/29/26),WK4: 1 (08/30/26-09/05/26),WK5: 1 (09/06/26-09/11/26)
2	08/26/2026 Problems : GG0130B1 - Oral Hygiene
3	GG0130C1 - Toileting Hygiene
4	GG0130E1 - Shower/Bathe Self
5	GG0130F1 - Upper Body Dressing
6	GG0130G1 - Lower Body Dressing

7	GG0130H1 - Don/Doff Footwear
8	GG0130A1 - Eating
9	08/26/2026 patient_goal: Regain independence in toileting and dressing, Target Date: 10/11/2026,
10	08/27/2026 procedure: home exercise program, Notes: BUE strengthening and core strengthening, cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: ,
11	08/26/2026 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: 10/11/2026, therapeutic exercises, Target Date: 10/11/2026, therapeutic modalities, Target Date: 10/11/2026, equipment training, Target Date: 10/11/2026, work simplification/energy conservation, Target Date: 10/11/2026,
12	08/26/2026 goal: patient/caregiver recalls
13	* lifestyle modifications to manage respiratory condition including
14	* diet changes and regular exercise
15	* strategies to control shortness of breath
16	* home remedies to keep lungs healthy
17	* recalls related medication(s) purpose, schedule, Target Date: 10/11/2026, PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS AND TRANSFERS., Target Date: 10/11/2026, PATIENT WILL IMPROVE CORE STRENGTH AND SITTING BALANCE FOR IMPROVED ADL'S., Target Date: 10/11/2026, Oral Hygiene - 05. Setup or clean-up assistance, Target Date: 10/11/2026, Toileting Hygiene - 05. Setup or clean-up assistance, Target Date: 10/11/2026, Upper Body Dressing - 05. Setup or clean-up assistance, Target Date: 10/11/2026, Lower Body Dressing - 03. Partial/moderate assistance, Target Date: 10/11/2026: DISCONTINUED, Don/Doff Footwear - 03. Partial/moderate assistance, Target Date: 10/11/2026: DISCONTINUED,
18	08/26/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 10/11/2026,

19	Shower/Bathe Self - 02. Substantial/maximal assistance, Target Date: 10/11/2026 (unable to achieve)
20	Eating - 06. Independent, Target Date: 10/11/2026 (unable to achieve)

PHYSICIAN INFORMATION	
PHYSICIAN NAME: MIRZA HUSSAIN, MD	
ADDRESS: 70 N FROST DR STE 4, saginaw, MI 48638	
PHONE: (989) 790-2690	**FAX:** (989) 790-4759

VERBAL ORDER AUTHORIZATION	
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.	
PHYSICIAN SIGNATURE Signature: _____ Date: _____	**STAFF SIGNATURE (RECEIVED BY)** Signature: *Electronically Signed by LUBELAN, RN, SAMANTHA* Date: *08/31/2026*

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