

OT Progress Note: 12/02/2025

Home Health Cares
579# EAST MARKET@STREETS
HARRISONBURG, VA 22801-1234
phone: 540-433-7146 fax:
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Test, Hermes (7603)

DOB:01/26/1984

Time In : 10:00:00 Time Out : 11:00:00 Clinician : John, Kim

GENERAL NOTES : "

HOMEBOUND STATUS : "

PATIENT COMPLAINTS : 'test'

VITAL SIGNS

<i>temperature</i>	99
<i>heart rate</i>	55
<i>respiratory rate</i>	14
<i>blood pressure systolic</i>	101
<i>blood pressure diastolic</i>	53
<i>O2 saturation</i>	98
<i>pain</i>	0

PATIENT-STATED GOAL	% ACHIEVED	NOTES
<i>I WANT TO BE BETTER.</i>	0 %	

SYMPTOMS	SEVERITY
Cardio/Respiratory	
<i>abnormal blood pressure</i>	0 asymptomatic
<i>M1400 - Dyspnea</i>	0 asymptomatic
<i>chest pain</i>	0 asymptomatic

Neurological	
<i>headache</i>	0 asymptomatic
<i>balance deficit</i>	0 asymptomatic
<i>abnormal BS < 70/140 > mg/dL</i>	

Case Managment	
<i>A1250 - Lack of Necessary Transportation</i>	0 asymptomatic
<i>Home Safety</i>	0 asymptomatic
<i>Financial</i>	0 asymptomatic
<i>M2020 - Oral Med Management</i>	0 asymptomatic

Home Safety & ADL	
<i>GG0170D1 - Sit to Stand</i>	NA
<i>GG0170E1 - Chair to Bed to Chair</i>	01. Dependent
<i>GG0170F1 - Toilet Transfer</i>	02. Substantial/maximal assistance
<i>GG0170G1 - Car Transfer</i>	01. Dependent

Electronically Signed by
Kim John OT

12/02/2025

<i>GG0170I1 - Walk 10 Feet</i>	02. Substantial/maximal assistance
<i>GG0170J1 - Walk 50 ft with 2 Turns</i>	01. Dependent
<i>GG0170K1 - Walk 150 Feet</i>	02. Substantial/maximal assistance
<i>GG0170L1 - Walk 10 ft on Uneven Surface</i>	01. Dependent
<i>GG0170M1 - 1 - Step (curb)</i>	02. Substantial/maximal assistance
<i>GG0170N1 - 4 Steps</i>	01. Dependent
<i>GG0170O1 - 12 Steps</i>	02. Substantial/maximal assistance
<i>GG0170P1 - Picking Up Object</i>	01. Dependent
<i>GG0130A1 - Eating</i>	02. Substantial/maximal assistance
<i>GG0130B1 - Oral Hygiene</i>	01. Dependent
<i>GG0130C1 - Toileting Hygiene</i>	02. Substantial/maximal assistance
<i>GG0130E1 - Shower/Bathe Self</i>	01. Dependent
<i>GG0130F1 - Upper Body Dressing</i>	NA
<i>GG0130G1 - Lower Body Dressing</i>	02. Substantial/maximal assistance
<i>GG0130H1 - Don/Doff Footwear</i>	01. Dependent

PROCEDURES	PERFORMED?	NOTES
<i>cough/deep breathing exercises test</i>	No	
<i>incentive spirometer test</i>	No	
<i>apply anti-embolitic stockings test</i>	No	
<i>apply compression bandage test</i>	No	
<i>glucose testing via monitor test</i>	No	
<i>coordinate/arrange transportation services test</i>	No	
<i>coordinate/arrange repair of inadequate heating test</i>	No	
<i>coordinate/arrange removal of insects/rodents present in the patient's living environment test</i>	No	
<i>coordinate/arrange patient access to necessary medical care considering patient inability to pay test</i>	No	
<i>physician-ordered wound care test</i>	No	
<i>gait training on uneven surfaces testtesttest</i>	No	
<i>gait training/stair training testtest</i>	No	
<i>transfers training testtest</i>	No	
<i>equipment training test</i>	No	
<i>work simplification/energy conservation test</i>	No	
GOALS	TARGET DATE	% ACHIEVED

patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule	12/03/2025	100%
patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule	12/03/2025	100%
patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule	12/03/2025	0 %
patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule	12/03/2025	0 %
patient's transportation needs are met	12/03/2025	100%
patient has adequate heating	12/03/2025	100%
patient has access to necessary medical care considering inability to pay test	12/03/2025	75 %
patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule test	12/03/2025	50%

DISCHARGE PLANS	TARGET DATE	% ACHIEVED NOTES
patient will be responsible for managing treatment	12/03/2025	0 %

WOUNDS

No Wound Records were Found