Medical Update for France Pearson DOB: 06/14/1967

Date Order Created: 11/20/2025

Order ID: 179/12448

Agency Assigned Id: 7507

Certification Period: 11/01/2025 to 12/30/2025

Home Health Cares 368102
579# EAST MARKET@STREETS
HARRISONBURG, VA 22801-1234
PHONE 540-433-7146 FAX

Orders:
11/20/2025 patient_goal: Move Independently, Target Date: 12/30/2025,

11/20/2025 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,

11/20/2025 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: 12/30/2025, 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: 12/30/2025, therapeutic exercises, Target Date: 12/30/2025, therapeutic modalities, Target Date: 12/30/2025, balance training, Target Date: 12/30/2025, equipment training, Target Date: 12/30/2025, gait training, Target Date: 12/30/2025, transfer training, Target Date: 12/30/2025, related medication(s) purpose and schedule, Target Date: 12/30/2025, symptoms requiring physician notification, Target Date: 12/30/2025,

11/20/2025 goal: 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, Target Date: 12/30/2025, Sit to Stand - 03. Partial/moderate assistance, Target Date: 12/30/2025, Chair to Bed to Chair - 03. Partial/moderate assistance, Target Date: 12/30/2025, Toilet Transfer - 04. Supervision or touching assistance, Target Date: 12/30/2025, Car Transfer - 03. Partial/moderate assistance, Target Date: 12/30/2025, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 12/30/2025, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 12/30/2025, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 12/30/2025, Walk 10 ft on Uneven Surface - 04. Supervision or touching, Target Date: 12/30/2025, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 12/30/2025, 4 Steps - 04. Supervision or touching assistance, Target Date: 12/30/2025, 12 Steps - 04. Supervision or touching assistance, Target Date: 12/30/2025, Picking Up Object - 04. Supervision or touching assistance, Target Date: 12/30/2025,*

11/20/2025 discharge_plan: patient will be responsible for managing treatment, Target Date: 12/30/2025,

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Dr. John Doe
3932

3932 , FL 33543

Tele:333-510-5044 FAX: 12072219995

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by , Marion Date 11/20/2025