Medical Update for Matthew Laforet DOB: 02/03/1960

Date Order Created: 07/27/2026

Order ID: 1195/280

Agency Assigned Id: 827

Certification Period: 07/20/2026 to 09/17/2026

Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX

Orders:
07/27/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , home exercise program, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,

07/27/2026 goal: patient/caregiver recalls
** 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*
** recalls related medication(s) purpose, schedule, Target Date: 09/17/2026, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 09/17/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 09/17/2026, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 09/17/2026, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 09/17/2026, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 09/17/2026, 4 Steps - 04. Supervision or touching assistance, Target Date: 09/17/2026, 12 Steps - 04. Supervision or touching assistance, Target Date: 09/17/2026, Picking Up Object - 04. Supervision or touching assistance, Target Date: 09/17/2026, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 09/17/2026,*

ERIC BASMAJI
416 CONNABLE AVENUENORTHERN MICHIGAN REGIONAL HOSPITAL

416 CONNABLE AVENUENORTHERN MICHIGAN REGIONAL HOSPITAL, MI 49770
Tele:(231) 487-4000 FAX: 12313483184

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by HILL, KAITLIN Date 07/27/2026