Medical Update for ROBERT COMBS DOB: 05/21/1966

Date Order Created: 08/20/2026

Order ID: 1195/723

Agency Assigned Id: 696

Certification Period: 05/29/2026 to 07/27/2026

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

Orders:
07/23/2026 Problems : swollen lips/tongue/eyes/face (CR)
coughing (CR)
limited range of motion (MS)
limited endurance (MS)

07/23/2026 patient_goal: add patient-stated goal, Target Date: 07/27/2026,

07/23/2026 teach: 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: 07/27/2026, related medication(s) purpose and schedule, Target Date: 07/27/2026, symptoms requiring physician notification, Target Date: 07/27/2026,

07/23/2026 discharge_plan: add discharge plan, Target Date: 07/27/2026,

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KYLE AHNERT
1200 W NORTH DOWN RIVER RD

1200 W NORTH DOWN RIVER RD , MI 49738-8025
Tele:(989) 344-5910 FAX: 12319353463

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by CHURCHES, KENDRA Date 08/20/2026