Medical Update for Joseph Drake DOB: 12/27/1958

Date Order Created: 08/31/2026

Order ID: 1195/1082

Agency Assigned Id: 6800

Certification Period: 08/19/2026 to 10/17/2026

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

Orders:
Authorization changes of OT skill Total Visits: 2 and Visit Freq: WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26)
Authorization changes of SN skill Total Visits: 7 and Visit Freq: WK1: 1 (08/19/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK6: 1 (09/20/26-09/26/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/17/26)
Authorization changes of PT skill Total Visits: 1 and Visit Freq: WK1: 1 (08/19/26-08/22/26)

08/26/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: ,

08/26/2026 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: 10/17/2026, patient self-administers medications as prescribed*
** recalls related medication(s) purpose, schedule, Target Date: 10/17/2026,*

CARRIE LAHAIE
829 NORTH CENTER AVENUE

829 NORTH CENTER AVENUE , MI 49735
Tele:(989) 731-7860 FAX: 19897317833

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 08/31/2026