

ACCENTCARE OF MASS, INC. DBA AC HH OF MASS
21 FATHER DEVALLES BLVD STE 104
FALL RIVER, MA 02723-1519
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PHYSICIAN:

MICHAEL CAMPBELL, MD
277 PLEASANT ST BLDG 1 STE 304
FALL RIVER, MA 02720-

Phone: (508)672-1838

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2nd Physician: CAMPBELL, MICHAEL

Send to Physician: Y

Verbal Order: Y

Verbal Date: 5/29/2025 Time: 7:49 PM

CLIENT:

OLIVEIRA, EDUARDA C
200 BULLOCK STREET
FALL RIVER, MA 02723-

SSN:

DOB: 1/15/1950

MR#: C0200198336401

CERT: 5/12/2025 to 7/10/2025

Order Read Back to Physician/Agent of Physician?:

Y

ABN Delivered to Patient?:

NA

Order Date: 5/29/2025 1:29 PM

Order Type: ADD ON DISCIPLINE

Order Description:

MSW EVALUATION PERFORMED WITH OBSERVATION AND ASSESSMENT OF THE FOLLOWING DISEASE PROCESS, PAIN ASSESSMENT/EVALUATION FOR ORIENTATION/EDUCATION, FALL PREVENTION AND HOME SAFETY TRAINING, ENSURE PATIENT/CAREGIVER HAS FINANCIAL MEANS TO OBTAIN MEDICATION. ALL RESOURCES IN PLACE (AIDE, MEALS ON WHEELS, TRANSPORTATION, ETC.), PATIENT APPEARS TO BE ABLE TO BE CARED FOR SAFELY IN CURRENT ENVIRONMENT. NO ADDITIONAL VISITS REQUIRED AT THIS TIME. WILL RE-EVALUATE IF FUTURE NEEDS ARE IDENTIFIED.

Goals:

NONE

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date	Type
1	F03.94	UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITH ANXIETY	EXACERBATION	5/29/2025	D

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

VANESSA SEGUI, MSW

DATE: 05/29/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

LISA COUGHLIN, RN

DATE: 05/30/2025

PHYSICIAN SIGNATURE:

DATE: