

FAX

Date: 05/17/2022

Pages including cover sheet: 8

To:	6147100077@rcfax.com
Phone	
Fax Phone	(614) 710-0077



From:	Ali Nooh
	Eve Home Health Care
	4100 Horizons Dr
	Columbus
	OH 43220
Phone	17035978177
Fax Phone	16143005523

NOTE:

Info@EVEHHC has shared a OneDrive for Business file with you. To view it, click the link below.

<<https://evehomehealthcare-my.sharepoint.com/:b:/p/info/EXWxg1YJIBl0qmvNrm6xLMcB4k8zC1TLTrJXVgYd9wz4ZA>>

[https://r1.res.office365.com/owa/prem/images/dc-pdf_20.png]<<https://evehomehealthcare-my.sharepoint.com/:b:/p/info/EXWxg1YJIBl0qmvNrm6xLMcB4k8zC1TLTrJXVgYd9wz4ZA>>

Edith

Wade.pdf<<https://evehomehealthcare-my.sharepoint.com/:b:/p/info/EXWxg1YJIBl0qmvNrm6xLMcB4k8zC1TLTrJXVgYd9wz4ZA>>

Please fill forms and fax back to 614 300-5523



PHYSICIAN REFERRAL ORDERS

Agency Name: Eve Homehealth Care Inc.

Agency Phone Number: 614-698-2000

Fax: 614-300-5523

Agency Address: 4100 Horizon Drive, Suite 202, Columbus, OH 43220

Patients Name: Edith Wade Medicare # _____

Address: 2900 Granada Hill Dr City: Columbus ST: OH Zip: 43231

Home Phone: 614-392-2783 Cell Phone: _____ DOB: 8/3/32

TELEPHONE/ADDITIONAL OR CHANGE OF ORDERS ON YOUR PATIENT

Date: 5/19/22 Time: _____

Patient Problem/Diagnosis:

Weakness, Weight loss, Anorexia, Colonic mass
of unknown origin.

Intervention/Order:

☐ Admit patient to _____ for Home Health Care Services from _____ through _____ SN to assess, evaluate, and instruct patient on disease process, knowledge deficit of medication, safety, and diet.

Frequency: _____

☐ Recertify patient to _____ for Health Care services for a period of 60 days, from _____ through _____ SN to monitor, re-evaluate and manage patient's medical Regimen.

Frequency: _____ a _____

☐ Discharge patient from home health services due to:

☐ Patient/Physician Request

☐ Patient moved to Healthcare Facility

☐ Patient moved from service area

☐ Patient is non-compliant

HOME HEALTH FACE-TO-FACE ENCOUNTER

PATIENT NAME: Edith Wade START OF CARE DATE: 5/19/22

Part-I to be filled out by agency

Face to Face encounter conducted by: TIFFANI ROSE, CNP

☐ INSTITUTIONAL PROVIDER

☒ PLAN OF CARE PHYSICIAN

☐ WITHIN 90 DAYS PRIOR TO SOC DATE ☐ TO BE COMPLETED WITHIN 30 DAYS OF SOC

PLAN OF CARE PHYSICIAN NAME: Same

PART II TO BE FILLED OUT BY THE PHYSICIAN WHO CARRIED OUT THE FACE-TO-FACE ENCOUNTER.

I certify that this patient is under my care and that I, or a nurse practitioner/clinical nurse specialist/certified nurse-midwife or physician's assistant working in collaboration with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on 4/13/22.

The encounter with the patient was in whole, or part, for the following medical condition which is the primary reason for home health care (list medical condition)

Weakness, weight loss, loss of appetite,
Colonic mass

I certify that based on my findings, the following services are medically necessary home health services (check all that apply) ☒ Nursing ☒ Therapy

My clinical findings support the need for the above services because:

progressive decline- weakness, impaired mobility,
poor endurance.

Below is a summary of clinical findings that support the patient's eligibility for home health services, including specific need for intermittent skilled nursing and/or therapy services. The Face-to-Face visit findings must be related to the primary reason for home health admission. Further, I certify that my clinical findings support that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration for other reasons because:

see HCP

Physician Signature:

T Rose, CNP

Date:

5/19/22

Printed Name:

TIFFANI ROSE APRN CNP



☐ All goals have been met

☐ Patient Opted for HMO

Goals: To meet patient's medical needs.

Patient Informed: ☐ Yes ☐ No

Nurse's Signature _____ Date _____ Time _____

Physician's Signature *Renee CP* Date 5/19/21 Time _____



Siebria Health Services
Tiffani Rose, APRN-CNP

4580 Commons Park Dr.
New Albany, OH 43054
Office: (614) 710-0727
Fax: (614) 710-0077

DOS: 4/13/2022

Name: EDITH WADE

DOB: 08/03/1931, Gender: Female

Chart #: 100, Insurance: AETNA MEDICARE Plan not defined 101510264500

PROGRESS NOTE:

Adverse Drug Reactions

Sulfa

Current Medications

Docusate Sodium; Sennosides, Usp 8.6 MG; 50 MG Oral Tablet 1 cap every evening
Megace (Megestrol Acetate) 40mg/ml Oral Suspension 10 ml by mouth daily
Mirtazapine 7.5 MG Oral Tablet TAKE 1 TABLET BY MOUTH EVERY EVENING Substitution Not Allowed
Protonix Delayed-release (Pantoprazole) 40 MG DELAYED RELEASE ORAL TABLET 1 twice a day before meals
Sucralfate 1 GR Oral Tablet 1 tab twice daily as needed for abdominal pain, keep 2 hrs away from other meds
Verapamil Hydrochloride 120 MG EXTENDED RELEASE ORAL CAPSULE 1 cap every morning
MEDICATION COMPLETED: Amoxicillin; Clavulanate 875 MG; 125 MG Oral Tablet q 12hrs with food - COMPLETED
MEDICATION COMPLETED: Ciprofloxacin 500 MG Oral Tablet 1 tab twice daily with food - COMPLETED

Subjective

Pt seen today for f/u of chronic concerns below. Today she c/o "Feel sick to stomach when eat more than a few bites. Not eating well. She denies abd pain, nausea, or vomiting. When asked if the medicine helped appetite, She states, "What medicine?" Mirtazepine ordered several times over last few months to stimulate appetite. Megace ordered last month as well, however it appears that she has not been taking any of her medicines consistently. Today pt presents with progressive cognitive and physical decline d/t malnutrition, medication noncompliance, and abdominal mass, possibly related to cancerous process.

11/29/2021 found to have colonic mass suspicious for cancer on CT when presenting to ED for abdominal pain. Referred to surgical oncology, at that time and each visit after she has chosen to not f/u with oncology or pulmonology. Stating at her age she does not want to go through a bunch of procedures.

Sister Freda and Dtr Sheila present today and encouraging pt to see oncology to understand her diagnosis and be able to make a better decision regarding options moving forward. Pt agrees to go for consultation with oncology for further evaluation and possible treatment options.

weakness

Progressive.

Recurrent UTI

Pt seen for f/u UTI . Frequency continues.

Medication Assist

Evidence of pt not taking medication as prescribed. See HPI

Dyspnea

Reports sob with activity. O2 sat 95-96% on r/a at rest.

Weight Loss

See HPI. Vital 500 shakes encouraged.

Malnutrition

See HPI

Past Medical History

HTN, HLD, Pulmonary Fibrosis, Constipation, Anemia

Past Surgical History

DOS: 4/13/2022

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Temporal wasting, no lesions.

Chest

Lungs clear with diminished bases, insp rales to bilat upper lobes, no rhonchi, no wheezes. Heart: RR, no murmurs, no rubs, no gallops.

Abd

no palpable masses, Soft, nontender, Bowel sounds normal.

Musculature

weakness to BLE, with limited ROM to all extremities

Neuro

Physiological, no localizing findings. alert orient x 2, short term memory deficits noted, decreased strength, and sensations to lower extremities. Cranial nerves II-X intact.

GU

urine dark yellow cloudy

Psych

mood stable, denies depression. Impaired memory, judgement, attention span, and insight. Orient to person and place, mood & affect: pleasantly concerned.

Procedures & Diagnostics

99354 (1) [99354 ()]

Pt evaluated, medication and history reviewed. Total time spent on examination, diagnosis, treatment, education, and documentation over 100 min (1) [None]

Diagnoses

Anorexia [R63.0 / N/A]

Right lower quadrant abdominal swelling, mass and lump [R19.03 / N/A]

Patient's other noncompliance with medication regimen [Z91.14 / N/A]

Inappropriate diet and eating habits [Z72.4 / 1181000119106]

Urinary tract infection, site not specified [N39.0 / 68566005]

Weakness [R53.1 / N/A]

Idiopathic pulmonary fibrosis [J84.112 / 700251005]

Abnormal weight loss [R63.4 / N/A]

Discussion

weakness

Encouraged activity as tolerated, with resting frequently t/o day.

UTI

Increase fluid intake, aim for 6 - 8 cups of fluid daily. Urine should be very light yellow if you are drinking enough fluids. Avoids juice and sweetened drinks, as this will increase your glucose and increase infection risk.
Try to go to bathroom every 2-3 hours while awake, avoid sitting for prolonged periods.

Medication Assist

Medication to be administered per family/caregiver

Dyspnea



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