EMPATHY CARE PATIENT SIGNATURE LOG

*Workday begins upon arrivial to 1st clients home and/or office. *Workday ends upon leaving the last clients home and/or office.

Employee Name:

_____ _____ Service Day: _____ Date: _____

Discipline (Please Circle One): **RN** **LPN** **PT** **PTA** **OT** **COTA** **ST** **MSW** **HHA**

PRINT Patient LAST NAME, FIRST NAME	PATIENT SIGNAURE	IN	OUT	Visit type code/Visit Type

EmployeeSignature_____

Overtime must be approved in advance by the Supervisor

Any Overtime MUST be approved by Supervisor

_____

TOTAL HOURS _____

TOTAL VISITS_____

_____