PRESTIGE
HOME CARE SERVICES
of Broward, INC

ACCREDITED

WEEKLY VISIT/TIME RECORD

Year: _____ Employee ID# _____ Employee Name/Title _____

Patient Name _____ Clinical Record # _____

Patient Address _____ Apt # _____

PLEASE SIGN *FOR ONLY ONE* VISIT AT A TIME
POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ

Day *Dia*	Date *Fecha*	Visit Code	N/C Code	Time In *Entrada*	Time Out *Salida*	Units *Unidades*	Patient signature *Firma del paciente*

TOTAL VISITS: _____ ***TOTAL UNITS:*** _____

VISIT CODES
P – Patient Visit (SN, PT, SLP, OT, MSS, AIDE, RD)
X – Psych RN Visit
HT – High Tech Infusion Therapy Visit
S/U – Sign Up Visit
WC – High Tech Wound Care
SV – Supervisory Visit
Hmk – Homemaker

N/C CODES (NO/CHARGE)
1 – Supervisory Visit
2 – RN S/U *Therapy Only*
3 – Not Home Or Refused
4 – Charity Visit
5 – Travel Only
6 – Supply Drop
7 – Not Qualified