Pro Health

WEEKLY VISIT/ TIME RECORD

Employee Name/ Title: _____

Patient Name: _____

Patient Address: _____

_____

"PLEASE SIGN FOR ONLY ONE VISIT AT A TIME"

DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	VISIT CODES

VISIT CODES

LPN- Skilled Nursing Visit
HTV- High Tech Nursing Visit
RNE (S/U) - RN Evaluation
ROC- Resumption of Care
RECERT- RN Recertification
PTE- Physical Therapy Evaluation
PT (F/U) - Physical Therapy Visit
OTE- Occupational Therapy Evaluation
OT (F/U) - Occupation Therapy Visit
MSW- Medical Social Worker Evaluation
SPE- Speech Therapy Evaluation
SP (S/U) – Speech Therapy Visit
HHA- Home Health Aid Visit