TNS
TOTAL NURSING SERVICES, INC.

WEEKLY VISIT/TIME RECORD

Employee Name/Title _____ Employee ID#: _____

Patient Name _____ Clinical Record # _____

PLEASE SIGN *FOR ONLY ONE* VISIT AT A TIME

POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ

Date	Visit Code	N/C Code	Time In	Time Out	Patient signature

VISIT CODES

P – Patient Visit (SN, PT, SLP, OT, MSS, AIDE, RD)
X – Psych RN Visit
HT – High Tech Infusion Therapy Visit
PT - PT Eval.
WC – High Tech Wound Care
SV – Supervisory Visit
OT - Other

N/C CODES (NO/CHARGE)

1 – Supervisory Visit
2 – RN S/U *Therapy Only*
3 – Not Home Or Refused

WHITE - FILE YELLOW - AGENCY