VERITAS HOME CARE

WEEKLY VISIT/TIME RECORD

Year: _____ Employee ID#: _____ Employee Name/Title: _____
Patient Name: _____ Clinical Record #: _____

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'S SIGNATURE FIRMA DEL PACIENTE

VISIT CODES:

P – Patient Visit (SN, PT, SLP, OP, MSS, Aide, RD)
X – Psych RN vi t
HT – High Tech nfusion Therapy visit
S/U – Sign-up vi it
WC – High Tech nfusion Therapy visit
SV – Supervisor visit
HMK – Homem ker
RC – Recertifica ion
RS _ Resumptio of Care
DC – Discharge
EV – Emergency visit

TOTAL VISITS: _____

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
8 – Doctor appointment