# TEHC HEALTHCARE

## WEEKLY VISIT RECORD

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

Patient Name: _____ Medical Record #: _____

## PLEASE SIGN FOR ONLY ONE VISIT AT A TIME

*POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ*

| Date<br>*Fecha* | Visit<br>Type | Patient Signature<br>*Firma del Paciente* |
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VISIT TYPES:

SN: Skilled Nursing
PT: Physical Therapy
OT: Occupational Therapy
ST: Speech Therapy
MSW: Medical Social Work
HHA: Home Health Aide

*Please use this form for one patient for one week of service then turn in to the office.*