



**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