



Weekly Visit/Time Records

Employee ID: _____

Employee Name: _____
 RN LPN HHA PT PTA OT SP MSW

Patient Name: _____

Patient ID: _____

PLEASE SIGN FOR ONLY ONE VISIT 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	PATIENT/CAREGIVER SIGNATURE FIRMA DE PACIENTE/CUIDADOR
SUNDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
MONDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

IF PATIENT IS UNABLE TO SIGN PLEASE PROVIDE NAME AND RELATIONSHIP OF CAREGIVER
 SI EL PACIENTE NO PUEDE FIRMAR SE NECESITA EL NOMBRE Y EL PARENTESCO DE EL
 CUIDADOR: _____

DAY/DIA	DATE FECHA	VISIT CODE	N/C CODE	TIME IN ENTRADA	TIME OUT SALIDA	PATIENT/CAREGIVER SIGNATURE FIRMA DE PACIENTE/CUIDADOR
SUNDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
MONDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY				<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

VISIT CODES:
 P-PATIENT VISIT (ALL SKILLS)
 X-PSYCH SN VISIT
 HT-HIGH TECH INFUSION THERAPY VISIT
 S/U-SIGN UP VISIT
 ROC-RESUMPTION OF CARE
 R/C-RE-CERTIFICATION VISIT
 D/C-DISCHARGE VISIT
 S/V-SUPERVISORY VISIT

N/C CODES (NO CHARGE)
 1-NON BILLABLE SUPERVISORY VISIT
 2-SUPPLY DELIVERY
 3-CHARITY VISIT