

CARING R US, LLC HOME CARE AND NURSING STAFFING

Daily Visit Record

Name: _____ Date: _____

Patient ID#	Visit Code	Patient Name	Start Time	End Time	Visit Time	Mileage
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Visit codes:

1. Admission
2. Visit
3. Non-billable-refused/not home
4. Non-billable-OASIS Recert
5. Non-billable-HCA Supervision
6. IV Admit
7. IV Visit
8. Eval-added discipline

Sub Total		
Travel Time		
Meeting		
Orientation		
In-service/Staff Ed.		
Administration/Docu		
Total		

# Visits	Type of Visit for Per Diem	Definition of Hours	# of Hours
	Per Diem Visits	Scheduled Hours	
	Per Diem Admits	Sick Time Hours	
	Per Diem IV Visits	Vacation Hours	
	Per Diem IV Admits	Holiday Hours	
	Per Diem Scheduled After 5	Float Holiday Hours	
	Per Diem Non-billable	Bereavement Hours	
	Per Diem Meeting Time	Jury Duty Hours	
	Per Diem W/E Visit (SN)		
	Per Diem W/E Admits (SN)		
	On-call	TOTAL HOURS	

Instructions:

Time: Record actual time.

Mileage: Begin from office or from home of the first patient, end at home of last patient or office.

Visit Code: Use one code most appropriate for the visit.

Clinician's Signature: _____

Supervisor's Signature: _____