

Ascendi Home Health Agency, Inc.



WEEKLY VISIT/TIME RECORD

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

Patient Name: _____ Clinical Record #: _____

Patient Address _____ Apt # _____

**PLEASE SIGN FOR ONLY ONE VISIT AT A TIME
POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ**

Day <i>Día</i>	Date <i>Fecha</i>	Visit Code	N/C Code	Time in <i>Entrada</i>	Time Out <i>Salida</i>	Units <i>Unidades</i>	Patient signature <i>Firma del Paciente</i>

TOTAL VISITS: _____

TOTAL UNITS: _____

VISIT CODES

- P- Patient Visit (SN, PT, SLP, OT, MSS, AIDE, RD)
- X- Psych RN Visit
- HT- High Tech Infusion Therapy Visit
- S/U- Sign up Visit
- W/C- High Tech Wound Care
- SV- Supervisory Visit
- Hmk- Homemaker

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

UNIT KEY:

- 1 unit= 1 minute to <23 minutes
- 2 unit= >23 minutes to <38 minutes
- 3 unit= > 38 minutes to < 53 minutes
- 4 unit= > 53 minutes to < 68 minutes
- 5 unit= > 68 minutes to < 83 minutes
- 6 unit= > 83 minutes to < 98 minutes
- 7 unit= > 98 minutes to <113 minutes
- 8 unit= >113 minutes to <128 minutes