

A PLUS HOME HEALTH SERVICES (ACTIVITY/SIGNATURE LOG)

Employee Name: _____ SN LPN PT PTA OT OTA HHA MSW ST RD (Circle One)

Patient Name: _____ Patient ID: _____

Week #1: (Sunday): _____ to (Saturday): _____ Week#2: (Sunday): _____ to (Saturday): _____

Activity Codes: 1- Initial Visit 2- Revisit 3- No Visit 4- Re-cert 5- Discharge 6- Special Rate 7- Refused 8- Sup Visit 9-ROC
 For Nursing Only (G Codes): 54- Revisit Direct Care 64- Revisit/Teaching 62- Management/Evaluation 63- Observations/Assessments

NOTE: FOR EACH PATIENT USE A SEPARATE ACTIVITY LOG

Patient Signatures	Activity Code		Date							TOTAL	
	G Code		SUN	MON	TUE	WED	THURS	FRI	SAT		
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	
			In	In	In	In	In	In	In	In	
			Out	Out	Out	Out	Out	Out	Out	Out	

Checked By: _____

Date Submitted: _____

Total # of Visits: _____