

# HOME HEALTH CARE

# DAILY VISIT RECORD

**PATIENT NAME:**  
(LAST NAME, FIRST) \_\_\_\_\_

**MEDICAL RECORD #:** \_\_\_\_\_

**THERAPIST NAME/TITLE:**  
(LAST NAME, FIRST) \_\_\_\_\_

**THERAPIST SIGNATURE:** \_\_\_\_\_

**SUPERVISOR NAME:** \_\_\_\_\_  N/A  
(FOR PTA/COTA SUP. ONLY)

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

VISIT DATE (MM/DD/YYYY)	VISIT TIME START/END	TOTAL TIME	G-CODE	PATIENT/CG SIGNATURE
	<b>START</b> <div style="text-align: right;"><input type="checkbox"/> AM</div> <div style="text-align: right;"><input type="checkbox"/> PM</div>		<input type="checkbox"/> G0151: RPT <input type="checkbox"/> G0152: OTR <input type="checkbox"/> G0153: SLP <input type="checkbox"/> G0155: MSW <input type="checkbox"/> G0157: PTA <input type="checkbox"/> G0158: COTA <input type="checkbox"/>	(ONE SIGNATURE PER ROUTE SHEET ONLY)
	<b>END</b> <div style="text-align: right;"><input type="checkbox"/> AM</div> <div style="text-align: right;"><input type="checkbox"/> PM</div>			

**THERAPY VISIT TYPE:**  INITIAL EVALUATION VISIT  ROUTINE VISIT  DISCHARGE VISIT  SUPERVISORY VISIT  
 13<sup>th</sup> VISIT RE-EVAL (RPT/OTR ONLY)  19<sup>th</sup> VISIT RE-EVAL (RPT/OTR ONLY)  30<sup>th</sup> DAY RE-EVAL (RPT/OTR ONLY)

**OASIS TYPE :**  N/A  START OF CARE (RPT OR SLP ONLY)  ROC  RECERTIFICATION  DISCHARGE

**G-CODES**

- G0151 PHYSICAL THERAPIST
- G0152 OCCUPATIONAL THERAPIST
- G0153 SPEECH LANGUAGE PATHOLOGIST
- G0155 MEDICAL SOCIAL WORKER
- G0157 PHYSICAL THERAPY ASSISTANT (RESTORATIVE OR REHABILITATIVE)
- G0158 OCCUPATIONAL THERAPY ASSISTANT (RESTORATIVE OR REHABILITATIVE)
- G0159 PHYSICAL THERAPIST (ESTABLISHMENT OR DELIVERY OF PT MAINTENANCE PROGRAM)
- G0160 OCCUPATIONAL THERAPIST (ESTABLISHMENT OR DELIVERY OF PT MAINTENANCE PROGRAM)
- G0161 SPEECH LANGUAGE PATHOLOGIST (ESTABLISHMENT OR DELIVERY OF PT MAINTENANCE PROGRAM)

**HOME HEALTH AGENCY USE ONLY:**

RECEIVED DATE/BY: \_\_\_\_\_

POSTED DATE/BY: \_\_\_\_\_

SUPERVISOR APPROVAL (SIGNATURE/DATE): \_\_\_\_\_