## WEEKLY VISIT ROUTE SHEET

STAFF NAME: \_\_\_\_\_\_ TITLE: \_\_\_\_\_ SERVICE DATES FROM: \_\_\_\_\_TO: \_\_\_\_\_

DATE	PATIENT NAME	MR#	PATIENT/CAREGIVER SIGNATURE	SERVICE CODE	CONTACT TIME		TOTAL	
					BEGIN	END	MINS./HRS.	
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SERVICE CODES NURSING SERVICE	.c.		(NOTE: PLEAE CODE T					
	GO154- Direct Skilled Nursing Service – RN/LVN		THERAPY SERVICES G0151-Physical Therapy Evaluation – RPT only		NEW NURSING SERVICES EFFECTIVE 01.01.2016 G0299- Direct Skilled Nursing Service – RN ONLY			
(Wound dres	(Wound dressing, IV Antibiotic, Catheter care, Insulin		GO157-PT Assistant Maintenance/Follow-up		(Wound dressing, IV Antibiotic, Catheter care, Insulin			
	Prep/Admin., Injections, Tube Feedings, Trach. Care,		GO159-RPT Maintenance/Follow-up		Prep/Admin., Injections, Tube Feedings, Trach. Care,			
Ostomy care, etc.) <b>discontinued effective 01.01.2016</b> <u>GO162</u> - Management and Evaluation-RN only		G0152-Occupational Therapy Evaluation-OTR only G0158-OT Assistant Maintenance/Follow-up		Ostomy care, etc.) effective 01.01.2016				
	GO162- Management and Evaluation-RN only GO163- Observation and Assessment – RN/LVN		<u>GO158</u> -OT Assistant Maintenance/Follow-up <u>GO160</u> -OTR Maintenance/Follow-up		<u>G0300</u> - Direct Skilled Nursing Service – LVN ONLY (Wound dressing, IV Antibiotic, Catheter care, Insulin			
	(SOC, Recertification, ROC, SCIC, Vital Signs, Observation		G0153-Speech Therapy Evaluation		Prep/Admin., Injections, Tube Feedings, Trach. Care,			
Due to recen	nt new/med. Changes expecting potential	GO161-Speech Therapy Maintenance/Follow-up		Ostomy care, etc.) effective 01.01.2016				
	Need for further change in the plan of care) <u>GO164</u> - Training and Education – RN/LVN		CHHA SERVICES					
	l Education – RN/LVN Medication, Wound dressing change process,		Initial/Follow-up CIAL WORKER SERVICES					
	medication, wound dressing change process, cess, Discharge Instructions (RN), etc.)		valuation/Follow-up					
	CERTIFY THAT THE ABOVE INFORMATION, DATES, SIGNATURES ARE ACCURATE AND VALID: SIGNATURE:				DATE:			