**[Company Name]**

**Home Health Occupational Therapist Daily Visit Record**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | | | | | **Therapist Signature** | | | | |
|  | | | | | **Patient Signature** | | | | |
|  | | | | | **Patient ID Number** | | **Date** | | **Type of Visit** |
| **Arrival Time** | **Leaving Time** | | **Total Time** | |  | | | | |
| **DME or Appliance in Use:** | | | | | | | | | |
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| **Comments/Observations/Mental Status:** | | | | | | | | | |
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| **Interventions:** | | | | | | | | | |
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| **Beginning Mileage** | | **Ending Mileage** | | **Travel Time** | | **Service Time** | | **Other Time** | |
|  | |  | |  | |  | |  | |

Revised: \_\_\_\_\_\_\_\_\_\_