**[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: \_\_\_\_\_\_\_\_\_\_