SHEPHERD HOME HEALTH CARE, INC **ROUTE SHEET/WEEKIY ACTIVITY LOG**

DATE	VISIT CODES	PATIENT NAME	PATIENT SIGNATURE	VISIT TIME-IN	VISIT TIME-OUT	TOTAL TIME	G-CODES CHOOSE/CHECK ONLY ON E BOX
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐
							G-154 Direct (RN/LVN) ☐ G-162 M&E (RN) ☐ G-163O&A (RN/LVN) ☐ G-164 Instruct (RN/LVN) ☐

VISIT CODES:

0. Initial Evaluation 1. Follow-Up 2. Discharge 3. IV Admission 4. IV Follow-Up 5. LVN Follow-Up 6. CHHA

Employee Name: _____ Title: _____ Employee Signature: _____

<<<<<<<<<<< ONE ROUTE SHEET PER PATIENT <<<<<<<<<<<