## PROFESSIONAL HEALTHCARE, INC.

## **FACILITY VISIT REPORT (FVR)**

Complete this form if your client visits any sort of medical facility, clinic, office, etc. during your shift.

<u>Send to office with weekly timesheet.</u>

Print Nurse's Name and Title:  Nurse's Signature and Title:  Where did the client visit?  What was the purpose of the visit?  Signal Symptoms  What was the client transported to the facility?  FIS NO Did the nurse accompany the client during transport to the facility?  FIS NO DIA the wast time did the client leave home?  PORDAPA Mate waiting, what time did the facility staff start serving the client?  12:30 PM What time did the client leave the facility?  13:30 PM What time did the client arrive back home?  How was the client transported back home?  How was the client transported back home?  RESULTS OF VISIT  (new orders, next appointment, labs, tests, consults, therapies, instructions, changes to plan of care)  New Dx:  Anti-bietic S Prescribed  Alexa orders faxed to PTT	Client: <u>Soe Client</u>	Date: 12/20/2010
What was the purpose of the visit?  What was the purpose of the visit?  How was the client transported to the facility?  YES NO Did the nurse accompany the client during transport to the facility?  YES NO Did the nurse accompany the client during transport to the facility?  YES NO Did the nurse accompany the client during transport to the facility?  YES NO AM What time did the client enter the facility?  YES NO AM After waiting, what time did the facility staff start serving the client?  YES NO What time did the facility staff finish working with the client?  YES NO Did the client transported back home?  YES NO Did the nurse accompany the client during transport to home?  RESULTS OF VISIT  (new orders, next appointment, labs, tests, consults, therapies, instructions, changes to plan of care)  New Dx: ATT  Orders Written & Sent to Office: Atting C& S ADRE	Print Nurse's Name and Title: Karen Bodster, RN	
What was the purpose of the visit?Signs   Symptoms   IIII    How was the client transported to the facility?Garage   Carage    YES NO Did the nurse accompany the client during transport to the facility?GOOAM   What time did the client leave home?IO:OOAM   What time did the client enter the facility?IO:3OAM   After waiting, what time did the facility staff start serving the client?IO:3OFM   What time did the facility staff finish working with the client?IO:OOM   What time did the client leave the facility?IO:OOM   What time did the client arrive back home?IO:OOM   What time did the client arrive back home?IO:OOM   What time did the client arrive back home?IO:OOM   What time did the client during transport to home?   YES NO Did the nurse accompany the client during transport to home?   RESULTS OF VISIT   (new orders, next appointment, labs, tests, consults, therapies, instructions, changes to plan of care)   New Dx: Orders Written & Sent to Office : Orders Written & Orders Written & Orders Written & Orders Written	Nurse's Signature and Title: have a Bolster RN	
How was the client transported to the facility?  YES NO Did the nurse accompany the client during transport to the facility?  10:00 AM What time did the client enter the facility?  10:30 AM What time did the client enter the facility staff start serving the client?  12:30 PM What time did the facility staff finish working with the client?  12:35 PM What time did the client leave the facility?  1:30 PM What time did the client arrive back home?  How was the client transported back home?  How was the client transported back home?  YES NO Did the nurse accompany the client during transport to home?  RESULTS OF VISIT  (new orders, next appointment, labs, tests, consults, therapies, instructions, changes to plan of care)  New Dx: //// Orders Written & Sent to Office : /////  / Ca S ///  / Ca	Where did the client visit? XYZ Medical Clinic Dr 51	n Jones
YES NO Did the nurse accompany the client during transport to the facility?  9:00 AM What time did the client leave home?  10:00 AM What time did the client enter the facility?  10:30 AM After waiting, what time did the facility staff start serving the client?  12:30 PM What time did the facility staff finish working with the client?  12:35 PM What time did the client leave the facility?  1:30 PM What time did the client arrive back home?  How was the client transported back home?  YES NO Did the nurse accompany the client during transport to home?  RESULTS OF VISIT  (new orders, next appointment, labs, tests, consults, therapies, instructions, changes to plan of care)  New Dx: UTI  Orders Written & Sent to Office: Large C& S Lone	What was the purpose of the visit? Signs/Symptoms UTT	
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