

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

Send to office with weekly timesheet.

Client: Joe Client Date: 12/20/2010

Print Nurse's Name and Title: Karen Bolster, RN

Nurse's Signature and Title: Karen Bolster, RN

Where did the client visit? XYZ Medical Clinic / Dr Jim Jones

What was the purpose of the visit? Signs/symptoms UTI

How was the client transported to the facility? family car

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? family car

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 : Urine C&S done

Antibiotics prescribed

New orders faxed to PHI