



- RN / LPN PT
- OT SLP
- MSW Hha

Documentation Note for Missed Visit

Patient Name: _____ **MR#:** _____ **SOC:** _____

Date of Missed Visit: _____

Reason for Missed Visit:

- Physician visit
- Patient/Family requested no visit
- Patient transported out of town by family
- Hospitalization - All disciplines notified
- Other: _____

Physician Notified of Missed Visit?

- Yes: Date/Time: _____ Verbal order attached?: Yes No N/A
- No: Reason: _____
- N/A

WellsBrooke Certified Home Health Care Notified of Missed Visit?

- Yes: Date/Time: _____
- No: Reason: _____
- N/A

Next Anticipated Visit Date: _____

Additional Comments: _____

Signature : _____ **Date:** _____