



WEEKLY ROUTE SHEET

Employee's Name:		Title:		PLEASE SELECT THE TYPE OF VISIT MADE		For Office Use Only
Patient's Name:			MR #			
<input type="checkbox"/> Care provided in patient's home/residence <input type="checkbox"/> Care provided in place not otherwise specified <input type="checkbox"/> Care provided in Assisted Living / Board and Care / Retirement Facility						
Date of Visit	Visit Time		Patient's Signature	Type of Visit		Visit Posted By
	Time In	Time Out				
				G0155 CHHA - Direct Care	G0151 PT - Direct Care	
				G0300 LVN - Direct Care	G0159 PT - Mgmt & Eval (SOC/Recert/ROC/DC)	
				G0494 LVN - Observation & Assessment	G0157 PT - PT Assistant	
				G0496 LVN - Training & Education	G0162 RN Mgmt & Eval (SOC/Recert/ROC/DC)	
				G0155 MSW - Social Worker	G0299 RN Direct Care (i.e. Wounds, IV)	
				G0152 OT - Direct Care	G0493 RN - Observation & Assessment	
				G0160 OT - Maintenance Program	G0495 RN - Training & Education	
				G0158 OT - OT Assistant	G0153 ST - Direct Care	
				G0000 Other	G0161 ST - Maintenance Program	
				G0155 CHHA - Direct Care	G0151 PT - Direct Care	
				G0300 LVN - Direct Care	G0159 PT - Mgmt & Eval (SOC/Recert/ROC/DC)	
				G0494 LVN - Observation & Assessment	G0157 PT - PT Assistant	
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				G0000 Other	G0161 ST - Maintenance Program	
Employee's Signature:			Date:	Date Received & By Whom:		