

# ABBA HOSPICE, INC.

2095.5 Pathfinder Rd. Suite 332, Diamond Bar, CA 91765 Tel # (909) 468-2033, Fax # (909) 468-2018

Daily Activity Sheet

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Discipline: \_\_\_\_\_

Noted by: \_\_\_\_\_ Approved \_\_\_\_\_

*\*Please submit this to your supervisor every Monday*

DATE	SERVICE CODE	MEDICAL RECORD #	PATIENT NAME	VISIT TIME			PATIENT/FAMILY INITIALS
				IN	OUT	TOTAL	

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
IDT	1DT MEETING	PV	PATIENT VISIT	EV	EVALUATION VISIT
1ST	IN-SERVICE/TRAINING	FUV	FOLLOW-UP VISIT	PAV	PRE-ADMISSION VISIT
BV	BEREAVEMENT VISIT	VV	VOLUNTEER VISIT	RV	REFUSED VISIT
EM	EMPLOYEE MEETING	QC	ON CALL	NAB	NOT A HOME VISIT
OR	ORIENTATION	INA	INITIAL ASSESSMENT	EQB	EXPLANATION OF BENEFITS
VOT	VOLUNTEER TRAINING	CE	COMMUNITY EDUCATION	TEL	TELEPHONE CALL-PATIENT CARE
SVS	SKILLED NURSING WITH SUPERVISOR	SWV	SOCIAL WORKER VISIT	DV	DIETARY VISIT
CV	CHAPLAIN VISIT	SV	SUPERVISORY VISIT	OCV	OTHER CONCERN VISIT