PACIFIC HOME HEALTH CARE
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ACTIVITY LOG

(Use ONE (1) Activity Log Sheet per Calendar Week.)

ANT 11/10

Employee's Name: (Last, First, M.I.)

[ ] RN [ ] LPN [ ] HHA [ ] PT [ ] OT [ ] ST [ ] MSW

Time Stamp: (Stamp w/in the line)

PATIENT'S NAME	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Last Name, First Name	*mm/dd/yy*		*mm/dd/yy*		*mm/dd/yy*		*mm/dd/yy*		*mm/dd/yy*		*mm/dd/yy*		*mm/dd/yy*	
(Print Clearly, Don't use Initials)	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
	Remarks		Remarks		Remarks		Remarks		Remarks		Remarks		Remarks	

Number of visit(s): _____ SOC _____ RECERT _____ ROC _____ D/C _____ Reg Visit _____ Mileage _____ Others

By signing below, I certify that this ACTIVITY LOG SHEET has been completed by me and that all entries are true and correct:	*PROJECTED VISIT? (PHHCI use only)* [ ] YES [ ] NO	*Received by:*	*Checked by:*