



ACTIVITY LOG & PROPOSED WEEKLY SCHEDULE

Michigan Rehab Services Provider Inc. 43763 Van Dyke* Sterling Heights, MI 48314* Ph 586 275-5312* Fax 586 254-3235

Employee Name: _____ Title: _____

Week Ending Date: _____

#	PATIENT'S NAME	VISIT DATES							TOTAL VISITS	S	M	T	W	T	F	S	
		MED REC NUMBER	SUN	MON	TUES	WED	THURS	FRI									SAT
		CODE TIME	CODE TIME	CODE TIME	CODE TIME	CODE TIME	CODE TIME	CODE TIME									CODE TIME
1																	
2																	
3																	
4																	
5																	
6																	
7																	

CODES: I= Initial Visit (SOC, Eval)

R= Revisit

D= Discharge

N= No Charge

RC= Recert

DC/RV= Discharge w/visit

DC/NV= Discharge no visit

VO= Verbal Order

IN-SERVICE

ORIENTATION

PRECEPTOR

DATE RECEIVED: _____