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| SUBJECT: | CLINICAL DOCUMENTATION | |
| DOCUMENT TYPE: | JOB AID | |
| CATEGORY: | CLINICAL | |
| LINE OF BUSINESS: | HOME HEALTH | |
| EFFECTIVE DATE: | 05/07/2012 | PAGE: 1 OF: 1 |
| REVISED DATE: | 12/02/2011 | |

Comments:

- The This form should be used as an addendum to other patient documentation such as the following:
 - Nursing flow sheet
 - Aide weekly note
 - Therapy progress notes

| Field Name | Key Points |
|------------------------|---|
| 1. Patient Information | <p>Enter the patient's legal name. Do not use nicknames.</p> <p>The Medical Record Number should be 8 digits.</p> |
| 2. Notes | <p>Enter time of each entry.</p> <p>Documentation should be clear and objective.</p> <p>Draw a line through any unused space in the documentation.</p> <p>Note: There is no need to initial or sign each entry, signature requirements are met at the end of the document.</p> |
| 3. Signature | <p>Signature should be first and last legal name, with credentials and date.</p> |