



### DAILY VISIT LOG

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service Line:  Island Health Care  Island Hospice  Independent Life at Home  RightHealth®

Community Office:  Beaufort  Bluffton/HHI  Skidaway/RH  Statesboro  W Savannah

Patient Name	Visit Type	Time		Mileage*		Notes
		Start: _____	Stop: _____	Start: _____	Stop: _____	
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			
		Total: _____	Total: _____			

\_\_\_\_\_  
Employee Signature

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

Total Visits: _____	Non-Billable Visits: _____	On Call Time: _____
Total Mileage: _____	Missed Visits: _____	Meeting Time: _____

\*Actual odometer reading required.

