

**PT Missed Visit Note**

**Physician:**  
**Agency:**  
**Phone:**

**Visit Date:** 1/30/2016  
**Therapist:**

**DOB:**  
**Frequency:** N/A  
**Cert Period:** 1/29/2016 - 3/28/2016

**Medicare Week:** Sunday - Saturday

**Reason:** I spoke with the patient today to schedule the PT evaluation and he is requesting that it be the week of 2/1/16 due to personal reasons.

**Action Taken:** Missed visit documented.

**MD was notified by phone of this missed visit.**

*Digitally Signed, which is approved by the Home Health Care Governing Bodies and Federal Guidelines.*

**Digital Signature by Therapist**

**Date**