

**PT Missed Visit Note**

**Visit Date:** 3/18/2016

**Physician:** SCC  
**Agency:** HEALT  
**Phone:** 630.951-  
**Fax:** 630.495.3  
**Medicare Week:** Sunday - Saturday

**Frequency:** 3w3 2w1  
**Cert Period:** 2/29/2016 - 4/28/2016

**Reason:** Ill/Sick

**Action Taken:** PT called pt on afternoon of 03/18/16 to attempt to see pt for home PT visit. Pt stated that she is still feeling sick and unable to participate in none PT session today. Additional home PT visit will be rescheduled if medically necessary.

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

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