

# Care Plan Oversight Log for Medicare Home Health

*Compliments of*



Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Month / Year: \_\_\_\_\_ / \_\_\_\_\_

Activity	Date	Minutes	Date	Minutes	Date	Minutes	Total Minutes
Develop Care Plan							
Revise Care Plan							
Activities to Coordinate Services							
Documentation							
Medical Decision Making							
Review Charts, Treatment Plans, Lab or Other Test Results							
Communication with Other Health Care Professionals							
Team Conferences							
Adjustment of Medication; May include discussion with Pharmacist via telephone							
Other (Describe)							
Total Minutes							

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_