

# Care Plan Oversight Log for Medicare Home Health

Compliments of  
vnchha.com



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

DOB: \_\_\_\_\_

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

Activity	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)									
<b>Total Minutes</b>									

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

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