



Provider # 49-7021

Patient: _____

MONTHLY CARE PLAN OVERSIGHT DOCUMENTATION LOG

DATE:

	# of minutes	# of minutes	# of minutes	# of minutes	# of minutes	# of minutes
Communication with Home Health						
Developing the Care Plan						
Revising the Care Plan						
Reviewing Patient Reports						
Medication Adjustment						
Review of Labs						
Review of Diagnostic Tests						
Review of Telemonitoring Data						
Other						

Total
Monthly
Minutes:

Physician Signature: _____