

Axxess Testing Agency 16077 N Dallas Pkwy 700N Dallas, TX, 75248-1234 Phone: (214) 469-9001 Fax: (214) 469-9991		<h2 style="margin: 0;">HHA Custom Visit (WandM) - ALM</h2>	
Patient Name: Salvatore, Lily		MRN: ALM_0003	
Care Period: 01/05/2021 - Open		Time In: 12:00 AM	
Associated Mileage:		Time Out: 12:01 AM	
Surcharge:		Physician: Mag, Angel	
Vital Sign Parameters			
<input type="checkbox"/> NA			
	SBP	DBP	HR
Greater Than			
Less Than			
Safety Precautions			
<input type="checkbox"/> NA			
<input type="checkbox"/> Anticoagulant Precautions <input type="checkbox"/> Keep Pathway Clear <input type="checkbox"/> Proper Position During Meals <input type="checkbox"/> Sharps Safety <input type="checkbox"/> Support During Transfer/Ambulation Other _____		<input type="checkbox"/> Emergency Plan Developed <input type="checkbox"/> Keep Side Rails Up <input type="checkbox"/> Safety in ADLs <input type="checkbox"/> Slow Position Change <input type="checkbox"/> Use of Assistive Devices	
<input type="checkbox"/> Fall Precautions <input type="checkbox"/> Neutropenic Precautions <input type="checkbox"/> Seizure Precautions <input type="checkbox"/> Standard Precautions/Infection Control <input type="checkbox"/> O2 Precautions			
Functional Limitations			
<input type="checkbox"/> NA			
<input type="checkbox"/> Amputation <input type="checkbox"/> Hearing <input type="checkbox"/> Ambulation <input type="checkbox"/> Dyspnea with Minimal Exertion		<input type="checkbox"/> Bowel/Bladder Incontinence <input type="checkbox"/> Paralysis <input type="checkbox"/> Speech <input type="checkbox"/> Other	
<input type="checkbox"/> Contracture <input type="checkbox"/> Endurance <input type="checkbox"/> Legally Blind			
Activities Permitted			
<input type="checkbox"/> NA			
<input type="checkbox"/> Complete bed rest <input type="checkbox"/> Transfer bed-chair <input type="checkbox"/> Independent at home <input type="checkbox"/> Wheelchair		<input type="checkbox"/> Bed rest with BRP <input type="checkbox"/> Exercise prescribed <input type="checkbox"/> Crutches <input type="checkbox"/> Walker	
<input type="checkbox"/> Up as tolerated <input type="checkbox"/> Partial weight bearing <input type="checkbox"/> Cane <input type="checkbox"/> Other			
Invoice Comments			
Care Plan Comments / Additional Instructions			
Vital Signs			
<input type="checkbox"/> N/A			
Respiration			
Weight			
Height (in inches)			
Temperature			
Pulse			
Blood Glucose			
Clinician Signature:		Date:	

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HHA Custom Visit (WandM) - ALM

Patient Name: Salvatore, Lily

MRN: ALM_0003

Visit Date: 03/06/2021

Care Period: 01/05/2021 - Open

Time In: 12:00 AM

Time Out: 12:01 AM

Associated Mileage:

Surcharge:

Physician: Mag, Angel

Vital Signs

Oxygen Saturation

O2 Amount

Blood Pressure

Comments

Comments

Clinician Signature:

Date: