DIAMOND GROUP HEALTH SERVICES WEEKLY ACTIVITY LOG
(Plymouth office fax: 734-414-0645) (Bay City office fax: 989-686-3391)

Employee Name/Title:_____ **OFFICE USE ONLY**

Week Ending Date(Must be a Saturday):_____ **ADMITS**_____ **VISITS**_____

	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
MR #	PATIENT NAME	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT	TYPE VISIT	TIME IN & OUT

VISIT CODES: **A=ADMISSION** **RV=REVISIT** **NB-RV= NON-BILLABLE VISIT** **RC=RECERT**
DC=DISCHARGE VISIT **I=IN-SERVICE** **S=SUPERVISORY VISIT** **E= EVAL**

If you fax in your paperwork, please submit originals as soon as possible but DO NOT re-submit Weekly Activity Log with the originals. This only pertains to paperwork that was faxed over.

EMPLOYEE SIGNATURE: **PAGE** **OF**