

PHYSICIAN CARE PLAN OVERSIGHT LOG SHEET

Patient's Name: _____

Agency Name: _____

Date (month/day/year)														
													SUBTOTAL	TIME
Development of Care	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Revision to Care Plan	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Review of Patient Reports	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Lab Reviews	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Diagnostic Test Reviews	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Communication with Other Health Care Professionals	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Integration of New Information into Treatment Plan	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Adjustment of Medical Therapy	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Other (define	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes	minutes		
Form must be signed by the physician _____													TIME	TOTAL

(Physician Signature)