



HMI Home Health
 1025 Vermont Avenue, NW
 Washington, DC 20005
 Tel 202-829-1111
 Fax 202-829-9192

Patient Name: _____

Soc/Recert Date: _____

Case Manager: _____

Other Clinicians: _____

Date Faxed: _____

PROPOSED VISIT SCHEDULE

This should be used as a guideline for our clinical staff in scheduling your visits.

In the event of any changes HMI will contact you by telephone to discuss your schedule and your immediate care needs.

	MON	TUE	WED	THUR	FRI	SAT	SUN
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							

Nurse _____

Date: _____

* Any changes to this schedule please communicate to the office manager for documentation purpose