International Quality Homecare

Therapy Timesheet

Therapist's Name: _____ Title: _____ Week Starting: _____

Client's Name: _____

Physical, Occupational, and Speech Therapists and their Assistants will use this timesheet to document:

- Travel time to and from the client's home for in-home therapy visits.
- Travel miles to and from the client's home. Please utilize the "TRIP" meter to record mileage.
- Start and end time of the therapy visit provided at the client's home.

Note: dates and times MUST NOT overlap with other client's timesheets. A copy of this timesheet will be filed in the Client's chart.

This form will be used in addition to the other required forms which may include the Physical Therapy Plan of Care, Therapy Progress Note, Home Health Evaluation Plan of Care, or any other required documents.

Date (mm/dd/yyyy)	Travel to Client' Home			Client Visit		Travel from Client's Home			Total Travel Time	Total Travel Tours	Total Visit Hours
	Time Start	Time End	Miles	Time Start	Time End	Time Start	Time End	Miles			

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