



**IN FAMILY HANDS (C.D.S)
IN HOME SERVICES**
800 N. TUCKER BLVD STE 429
ST. PATRICK CENTER BUILDING
ST. LOUIS, MO 63101

Visit/Shift Variance Report

Patient/Client Name: _____

Complete one form for following:

- Each missed visit/shift
- Providing fewer hours than ordered for treatment

This form is being completed for:

Missed Visit Missed Shift Hours provided less than ordered

For week ending: _____

Date of Missed Visit/Shift or hours provided less than ordered: _____

Discipline:

RN/ LPN/ LVN Aide PT OT ST MSW Homemaker/Companion
 Other (please specify): _____

Reasons for missed visit/shift or providing fewer hours:

- Patient/client had physician appointment
- Unable to locate patient/client
- Patient/client or family* declined service
- Patient/client or family* declined alternate caregiver
- Patient/client scheduled for diagnostic test/labs
- Severe weather prevented delivery of service
- Qualified staff not available
- Other (specify) _____

**Includes other authorized individuals*

Patient/Client needs met by: (e.g. family, caregiver, etc..) _____

Mark all that apply:

Notification made to:	Notification made by:	Date and time Notified
<input type="checkbox"/> Physician* _____	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
<input type="checkbox"/> Family/Caregiver	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
<input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____	

**Notification required to physician for all care/service with orders.*

Comments: _____

Signature/Title: _____ **Date:** _____