THE SENIOR ALLIANCE
MISSED VISIT LOG

Agency Name: _____ Agency Contact Person: _____

Agency Phone Number: _____ Month/Year: _____

Vendor Codes:

PNA	Participant Not Available
PC	Participant Cancelled
PS	Participant Sick
PH	Participant Hospitalized
PNF	Participant in Nursing Facility
PDH	Participant Decreased Hours
PRW	Participant Refused Worker

VNS	Vendor/Worker – No Show
VS	Vendor/Worker Sick
VSP	Vendor/Worker Scheduling Problems
VNA	Vendor/Worker Not Available
VIW	Vendor Inclement Weather
VH	Vendor Holiday
	Client Priority Status: 1, 2, 3

Participant (Client) Name	Priority Status (1, 2, or 3)	Care Manager Name	Date of Missed Visit	Reason for Missed Visit (Use Codes)	Comments