

# Missed Visit – Primary Caregiver

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Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Case Number: \_\_\_\_\_

1. Contact Location / Method:

- Phone
- Client's Home
- Text
- Email

2. Time Spent: \_\_\_\_\_

3. Value:

- Staff Member had to Reschedule
- Family Member Sick
- Family Cancelled (no reason given)
- Family Cancelled (busy)
- Participant Not Home
- Refused to Answer Door
- Inclement Weather

4. Notes:

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