



Rockaway Home Care – Time and Activity Report
Fax: 516-303-7667 or Email: timesheets@rockawayhc.com

Patient Name:	
Employee Name:	Employee ID #:

Personal Care/Cuidado Personal	M	T	W	T	F	S	S	Activity	M	T	W	T	F	S	S
(100) Bath-Tub								(300) Transferring							
(101) Bath-Shower								(301) Assist with walking							
(102) Bath-Bed								(302) Patient walks with assistive devices:							
(103) Patient requires Total Care								<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches							
(106) Mouth Care/Denture Care								(305) Assist with home exercise program							
(107) Hair Care-Comb								(306) Range of Motion Exercises							
(108) Hair Care-Shampoo								(311) Turning and positioning (At least Q2)							
(109) Grooming-Shave															
(110) Grooming-Nails								Treatment / Special Needs							
(111) Dressing								(400) Take Temperature							
(112) Skin Care								(403) Take Pulse							
(113) Foot Care								(404) Take Respirations							
(114) Toileting: Diaper								(405) Take Blood Pressure							
(115) Toileting: Commode								(406) Weigh Patient							
(116) Toileting: Bedpan								(407) Record Output (Urine/BM)							
(117) Toileting: Toilet								(408) Assist with catheter care							
Live In Only								(409) Empty foley bag							
(888) Received proper meal time								(411) Remind to take medication							
(999) Received proper sleep															
Nutrition								(412) Assist with Treatment							
(201) Patient is on a prescribed diet								(413) ask patient about pain							
Patient Support Activities															
(202) Prepare Breakfast								(500) Change Bed Linen							
(203) Prepare Lunch								(501) Patient Laundry							
(204) Prepare Dinner								(502) Light Housekeeping							
(205) Prepare Snack								<input type="checkbox"/> Bedroom <input type="checkbox"/> Light Dusting							
(206) Assist with Feeding								<input type="checkbox"/> Bathroom <input type="checkbox"/> Patient Area							
(207) Record Intake Food								<input type="checkbox"/> Kitchen <input type="checkbox"/> Clean Stove							
(208) Record Intake Fluid								<input type="checkbox"/> Light Vacuuming							
Reason For Timesheet: (REQUIRED) <input type="checkbox"/> Patient has no phone / refused <input type="checkbox"/> Patient appointment <input type="checkbox"/> Phone not working / in use <input type="checkbox"/> Forgot to clock in or out <input type="checkbox"/> Live-In Patient <input type="checkbox"/> Other:								(506) Shopping and Errands							
								(508) Accompany Patient to medical appointment							
								(511) Monitor Patient Safety							

	Date	Time In	Time Out	Hours	Employee Signature	Client / Representative Signature
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
			Total Hours			

Watch our video to learn about your clocking in and out options at <http://evv.RockawayHC.com>