



<b>Patient Name:</b>	
<b>Employee Name:</b>	<b>Employee ID #:</b>

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								<b>Treatment / Special Needs</b>							
(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							
<b>Live In Only</b>								(409) Empty foley bag							
(444) I worked during my meal time								(411) Remind to take medication							
(666) I worked during my sleep time								(412) Assist with Treatment							
(888) Received proper meal time								(413) ask patient about pain							
(999) Received proper sleep								<b>Patient Support Activities</b>							
Live in requires receiving 8 hours of sleep with 5 hours being uninterrupted and 3 uninterrupted meals of 1 hour each.								(500) Change Bed Linen							
								(501) Patient Laundry							
<b>Nutrition</b>								(502) Light Housekeeping							
(201) Patient is on a prescribed diet								<input type="checkbox"/> Bedroom <input type="checkbox"/> Light Dusting							
(202) Prepare Breakfast								<input type="checkbox"/> Bathroom <input type="checkbox"/> Patient Area							
(203) Prepare Lunch								<input type="checkbox"/> Kitchen <input type="checkbox"/> Clean Stove							
(204) Prepare Dinner								<input type="checkbox"/> Light Vacuuming							
(205) Prepare Snack								(506) Shopping and Errands							
(206) Assist with Feeding								(508) Accompany patient to medical appointment							
(207) Record Intake Food															
(208) Record Intake Fluid								(511) Monitor Patient Safety							

**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:

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