

CLIENT NAME: _____

DAILY LOG OF CLIENT CARE

Caregiver: _____

Caregiver: _____

Caregiver: _____

Caregiver: _____

Instructions: Fill out client name and your name. Each time you visit a client, enter your initials, day and date and check mark each activity for that visit. The daily logs should reflect the client care plan. This log and your timesheet must be submitted by end of day on the Sunday of each pay period or pay will be affected.

E-mail: timesheets@aplushomecareonline.com

Fax: 215-453-7133

Caregiver's initials								
Day								
Date								
SAFETY								
ASSIST WITH TRANSFERS								
MONITOR FOR SAFETY AND FALL PREVENTION								
COMPANIONSHIP								
Conversation / Mental stimulation								
Accompany to planned activities (AFH or Retirement home events, church)								
Plan/go on outings to museums, events								
Dine out								
<i>Additional information</i>								
ESCORT OR TRANSPORTATION								
HEALTHCARE APPOINTMENTS								
SHOPPING OR ERRANDS								
SCENIC DRIVES								
<i>Additional Information</i>								
AROUND THE HOME								
LAUNDRY								
LINEN CHANGES								
MAKE BEDS								
FLOOR CARE								
TIDY UP KITCHEN								
CLEAN BATHROOM								
TAKE OUT TRASH/RECYCLING								
PET CARE								
ORGANIZING								
BILL PAYING								
<i>Additional Information</i>								
MEALS								
Meal planning								
Meal preparation Breakfast - Lunch - Dinner								
Encourage fluids								
<i>Additional Information</i>								

Caregiver's initials							
Day							
Date							
EXERCISE							
Walks							
Assist as prescribed by PT/Range of motion							
Additional Information							
MEDICATION ASSISTANCE							
Monitor & remind time to take meds							
Read labels for client							
Assist w/skin, eye, ear lotion or drop applications							
Additional Information							
APPLICANTAL HYGIENE							
Shampoo							
Shave							
Oral hygiene							
Hair grooming							
Additional Information							
BATHING							
Standby assist							
Assist getting in and out of shower or tub							
Assist client with cleaning body							
Assist with bed bath							
Assist client with toweling off							
Additional Information							
DRESSING							
ASSIST DRESSING OR UNDRRESSING							
OTHER NEEDS							
Additional Information							
TOILETING							
Standby assist							
Assist in pulling up Depends							
Change Depends							
Change Stool							
Empty bedside commode or urinal							
Other needs							
Additional Information							

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A+ HOME CARE TIMESHEET

Email to timesheets@aplushomecareonline.com or Fax: 215-453-7133

THIS FORM MUST BE SUBMITTED BY END OF DAY EVERY OTHER SUNDAY

CAREGIVER:							PAY PERIOD:			
CLIENT NAME:										
Date	Day	Start Time	End Time	Total Hours			Client's Signature	Notes		
TOTALS										

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