IMMACULATE HEALTH CARE SERVICES, INC.

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TIMESHEET

W W W . I M A C U L A T E H C S . C O M

AGENCY ID: _____ Client Name _____ Medicaid Number _____

INSTRUCTIONS: Place the time you arrive and leave in the appropriate box. Clients initial all service dates.	DAYS	MON	TUE	WED	THU	FRI	SAT	SUN	PERSONAL CARE/HOME HEALTH AIDE	
	DATE HOURS								NAME:	
									SIGNATURE:	
PCA / HHA TIME IN AM / PM:									PCA / HHA TIME IN AM / PM:	
PCA / HHA TIME OUT AM / PM:									PCA / HHA TIME OUT AM / PM:	
CLIENT INITIALS:									CLIENT SIGNATURE:	
									CLIENT INITIAL:	

DAILY DUTIES

RECORD THE TIME YOU SPEND ON EACH TASK IN THE APPROPRIATE BOX.

									COMPLETE	PARTIAL	TUB BATH
BATH/complete, partial, tub											
ORAL HYGIENE											
SHAVE											
HAIR comb/brush/Shampoo											
SOAK FEET											
NAILS CLEAN / FILE											
SKIN OIL / LOTION											
DRESS											

MOBILITY

SAFE AREA CLEAR/RUGS								
ASSIST WALKER / CANE								
AMBULATING SELF / CRUTCH								
WHEELCHAIR								
TRANSFER - BED / CHAIR								
DORSAL RECUMBENT - BED								
POSITION CHANGE q 2 hours								
LEFT SIDE								
RIGHT SIDE								
BACK								
SITTING								
R.O.M EXERCISE								
Remind to take Medication								
TEMPERATURE - O / A / R / F								
PULSE								
RESPIRATIONS								
WEIGHT								
ELIMINATION								
BLADDER / BOWEL								
TOILET / BEDPAN								
BEDSIDE COMMODE								
URINAL								
PERINEAL CARE								
CATHETER / OSTOMY CARE								
INCONTINENT CARE								
CHANGED: AM: 8, 10 ,12								
PM: 2, 4, 6, 8, 10 ,12								
NUTRITION								
PREPARE MEALS B / L / D / S								
ASSIST TO EAT / FEED								
HOME MANAGEMENT								
CLEAN KITCHEN / DISHES								
CLEAN BATHROOM								
CLEAN BEDROOM								
LINEN CHANGE								
SWEEP / VACUUM								
LAUNDRY								
DUSTING								
SHOPPING / ERRANDS								
MEDICATION PICK-UP								
MEDICAL APPOINTMENT								
OTHER								

INSTRUCTIONS: Please date and have client sign all of the dates of service as appropriate

MONDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

TUESDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

WEDNESDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

THURSDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

FRIDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

SATURDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

SUNDAY
MO. _____ DAY _____ YEAR _____
Client Signature _____

TOTAL WORK - _____