GREAT LAKES HOME CARE TIME CARD

CLIENT NAME_____ EMPLOYEE NAME _____

PERSONAL CARE	S	S	M	T	W	T	F
Sponge bath							
Tub bath							
Shower							
Comb hair							
Shampoo hair							
Skin care / apply lotion							
Back rub							
Finger nail care							
Oral hygiene							
Denture care							
Shaved							
Perineal care							
Dress patient assist / observe							
Foley catheter care							
CLIENTS MOBILITY							
Can Walk							
COMPLETE BED REST							
Turn Every 2 Hrs							
Put up in chair							
Wheelchair / Up in wheelchair							
RANGE MOTION EXERCISES							
ARM R / L							
LEG R/ L							

ELIMINATION	S	S	M	T	W	T	F
Urinal - (empty / cleaned)							
Bedpan-							
Commode-							
Briefs Dispose (change)							
Colostomy bag (empty)							
Foley bag (empty)							
CLIENT MEALS:							
Reg / Diabetic / L-Sodium							
Meals to be prepared :							
Breakfast Lunch Dinner							
Feed client / assist / observe							
Appetite: please note							
Increased / Decreased / Same							
MEDICATIONS:							
Reminder Observed							
PATIENT ONLY LAUNDRY							
Wash / dry / fold / put away							
EQUIPMENT CARE: WKLY							
Clean the following equipment:							

HOUSECLEANING	S	S	M	T	W	T	F
Clean patient area							
Bed (make / change)							
Clean bathroom (sink tub toilet)							
Clean kitchen (dishes / counters)							
Furniture (dust / straighten)							
Mop floors (wet / dry)							
Vacuum (floors / stairs)							
Refrigerator (clean out spoiled food)							
Trash (washed out / taken out)							
ERRANDS TO BE RAN:							
Pick up Prescriptions							
Grocery Shopping							
DR's Appointment							
RESPITE: only when marked							
PLEASE LIST ACTIONS DONE							
WENT ON A WALK							
Other task list below:							
VITALS TAKEN: **DAILY / WEEKLY**							
T_____P_____							
R_____ _____B/P_____							
WT_____PAIN_____							

** AM / PM SLOTS ARE IN DIFFERENT COLUMNS PLEASE USE BOTH ONLY IF YOU GO AM / PM

Pay week	DATE	AM TIME IN / OUT		PM TIME IN / OUT		TTL HRS AM / PM		MONEY TRANSACTION GIVEN/ RETURN		Client / Aide must sign at time of service. AIDE SIGNS	CLIENT SIGNS
SAT										AM	AM
										PM	PM
SUN										AM	AM
										PM	PM
MON										AM	AM
										PM	PM
TUE										AM	AM
										PM	PM
WED										AM	AM
										PM	PM
THUR										AM	AM
										PM	PM
FRI										AM	AM
										PM	PM

White - Office Copy- Yellow - Office Copy - Pink - Client Copy Gold- Employee Copy