



Weekly Time Sheet & Client Care Record (Personal Care Patients)

Client Name: _____ Care Partner Name: _____

MUST be received no later than 11am every Monday for the week prior.

DAILY TASKS							
Personal Care	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Bath: tub							
bed							
Shower							
Oral Hygiene							
Shave: Electric razor only							
Hair Care: Shampoo							
Brush/comb							
Skin Care							
Dress/undress							
Toileting: Bedside commode							
Bedpan urinal							
Incontinence Care: Bowel							
Urination							
Empty Catheter/Ostomy Bag							
Transfer: Bed/chair							
Tub							
Gait Belt							
Hoyer lift							
Turn/Reposition							
Assist/Feed							
Ambulation: Cane							
Encourage Fluids I&O							
Prepare Breakfast							
Prepare Lunch							
Prepare Dinner							
Prepare snacks							
Medication reminders							
Provide transportation:							
Shopping							
Errands							
Dr appointment							
Conduct errands/shopping							
Assist w/recreation							
Linen change							
Laundry							
Light housekeeping							
Empty Trash							
Dusting							
Vacuuming							
Clean kitchen (wash dishes)							
Clean Bathroom							
Other							

WEEKLY TIME REPORT				
**Must include a.m. or p.m. on time				
Day	Date	Time in	Time out	Hours Worked
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Total				

Mileage only for trips taken in personal vehicle for client/ not to and from work

WEEKLY MILEAGE REPORT			
Day	Date	Total miles	Description
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			
Total			

The signature below (of the caregiver and client, or the client's authorized agent) indicates agreement as to the number of hours worked for the week listed and indicates agreement as to the services performed as indicated. Care Partner understands that failure to complete this weekly time sheet and client care record and forward it either by hand, mail, fax or email, to the Southern Companions, LLC main office by 11:00 am on Monday, will result in \$20 LATE FEE and delayed payment and late fee if received after Monday.

Client/Authorized Agent Signature

Date: _____

Care Partner Signature

Date: _____