

CARE NOTES



Client Name: _____

Address: _____

	WEEK ONE							WEEK TWO						
MONTH: YEAR:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dates:														
Time In														
Time Out														
Total Hours														
PERSONAL:														
Bed bath														
Assisted bed bath														
Normal bath														
Shower														
Hair Wash														
Shave														
Skin Care														
Oral hygiene														
Assist w/dressing														
DIET:														
Meal Prep														
Assist w/feeding														
Force fluids														
ACTIVITIES:														
Transfers:														
Chair														
Commode														
Wheelchair														
Bed														
Ambulation:														
Cane														
Walker														
Crutches														
Assistance														
ELIMINATION:														
Bedpan/Urinal														
Commode														
Bathroom														
Empty cath. bag														
Empty ostomy bag														
HOUSEHOLD:														
Linen change														
Laundry														
Light housekeeping														
TREATMENT:														
Decubiti Care														
NON-sterile														
Patient SELF med.														
Temperature														
Pulse														
Blood pressure														
Respiration														
MISC. CARE:														
Medication/ P.O.														
Medication/ I.M.														
Oxygen														

PRINT Client/Responsible Name: _____ Signature: _____ Date: _____

PRINT Personal Attendant/Caregiver Name: _____ Date: _____ Signature: _____

These signatures confirm the type and amount of services rendered during the stated two week period. The client/conservator and/or responsible parties understand and agree to the terms set forth in the Divine Home Care Service Agreement. The service agreement commences upon acceptance of services. The signature verifying an activity sheet MUST be a designated client/conservator and/or responsible party. Signing the activity sheet and timesheet will activate the signed Service Agreement on file.

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