Innovative Homecare Solutions, Inc.
Together... Making Life Better

HOME SERVICES
WEEKLY CARE RECORD

FAX / TEXT TO:
(630) 225-0100

Client Name:	Client / Rep. Signature:	Employee Signature:	Weekly care record must be completed and faxed to office by 10:00am each Monday.
Employee Name:	Print Client / Rep. Name:	I certify that I carefully reviewed the timesheet and have accurately recorded all hours actually worked, including start & stop times, meal & rest periods. I am not reporting more or less than the actual time worked.	Use appropriate code below **A =** Assist **C =** Complete
Week Ending: (Saturday's Date)	I have carefully reviewed this timesheet and the hours the employee reported, including all star/stop times are accurate.		

SUMMARY OF DUTIES PERFORMED

Observations (as per POC) — Day of Week

	S	M	T	W	T	F	S
Observed Medication Taken							
Medication Reminders							
Errands Done (add note)							
Socialization (add note)							
Appointment (add note)							
NOTES:							
Emotional State	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Converses readily with others							
Nonverbal communication only							
Content / Comfortable / Smiles							
Agitated / Frustrated / Angry							
Depressed / Crying / Emotional							
Alert (Oriented / Confused)							
Drowsy							
Sleeping							
Semi / Unconscious							
Appetite	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Meal Eaten (100% / 50% / 0%)							
Complain of Nausea / Vomiting							
Activity	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Encourage exercises							
Assist to shift position in bed or wheelchair							
Ambulation							
Up in chair / Bedrest							

Functions (as per POC) — Day of Week

Hygiene	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Tub Bath / Shower							
Sponge Bath / Bed bath P/C							
Shampoo / Hair Care							
Oral Hygiene							
Shaving							
Dress / Undress							
Nail Care - no cutting							
Diet	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Meal Preparation and clean up							
Feeding Assistance							
Diet Instructions / Allergies Acknowledged							
Skin	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Lotion to skin							
Simple dressing / band aid changed							
Skin changes communicates (see notes)							
Elimination	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Incontinent							
BM, number of times							
BM, Normal							
BM, Diarrhea / Loose							
BM, Hard / Constipation							
Urine Void, number of times							
Household Activities	**S**	**M**	**T**	**W**	**T**	**F**	**S**
Light Housekeeping (vacuum, dust, remove garbage, Pet Care)							
Kitchen Clean up, Dishes							
Linen Change, Make bed							
Personal laundry							

Day	Date	Start Work	End Work & Start Meal	End Work & Start Meal	End Work & Start Meal	End Work & Start Meal	End Work	Break Time	Admin Time	Travel Time	Total Hrs. Worked	Reimb. Mileage	Supv. Initials
Sun													
Mon													
Tue													
Wed													
Thu													
Fri													
Sat													