

VA TIMESHEET

First Priority Home Care, LLC PO Box 23781 Columbia, SC 29224 803-661-8805	Week of:							
	Client Name:				Aide Name:			
	Responsible Party (RP):				Aide Signature:			
	Client/ RP Signature							
	DAY	SUN	MON	TUE	WED	THUR	FRI	SAT
DUE EVERY MONDAY BY 12 NOON Pay week starts on Sunday and ends on Saturday	DATE							
	TIME IN							
	TIME OUT							
	TOTAL HOURS:							
	CLIENT/RP INITIALS:							
FAX# 803-832-1643	PCA INITIALS:							
fphctimesheets@gmail.com	BATHING:							
(Use Black Ink Only)	TOTAL BED BATH							
PCA NOTES:	ASSIST BED BATH							
	ASSIST SHOWER							
	ASSIST TUB							
	PERSONAL CARE							
	SHAMPOO/HAIRCARE							
	MOUTH CARE							
	SKIN CARE							
	ASSIT W/DRESSING							
	SHAVE							
	NAIL CARE							
	PERICARE							
	MOBILITY							
	ASSIST W/AMBULATION							
	ASSIST TO BED							
	ASSIST W/TURNING							
	NUTRITION							
	DIET: REGULAR							
	LOW NA							
	DIABETIC							
	OTHER							
	PREPARE MEAL							
	SERVE MEAL							
	ASSIST W/FEEDING							
	ENCOURAGE FLUIDS							
	OTHER							
	TOILET/ELIMINATION							
	URINAL/BEDPAN/TOILET							
OFFICE USE ONLY	EMPTY CATHETER BAG							
REVIEWED BY:	INCONTINENT CARE							
DATE:	LAST BOWEL MOVEMENT							
TOTAL VA HRS	DATE:							
	OTHER							
	HOUSECLEANING							
	LAUNDRY							
	CHANGE/MAKE BED							
	OFFICE USE ONLY - DO NOT WRITE BELOW (ADMIN)							
Nurse Supervisor Signature: _____		Date: _____						