## First Priority Home Care,LLC

(A)	PCA Weekly Notes			Week of:				
(F)	Patient Name:				Aide Name:			
	Patient Signature				Aide Signature:			
		SUN	MON	TUE	WED	THUR	FRI	SAT
PO Box 23781	DATE							
Columbia, SC 29224	TIME IN							
	TIME OUT							
803-661-8805	TOTAL HOURS:							
DUE EVERY MONDAY	BATHING:							
BY 12:00PM	TOTAL BED BATH							
FAX# 803-403-8901	ASSIST BED BATH							
fphctimesheets@gmail.com	ASSIST SHOWER							
<u>.priocimeoneecog ginameoni</u>	ASSIST TUB							
(Use Black Ink Only)	PERSONAL CARE							
PCA COMMENTS:	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							
OFFICE USE ONLY	OTHER							
REVIEWED BY:	TOILET/ELIMINATION							
DATE:	URINAL/BEDPAN/TOILET							
TOTAL PC2 HRS	EMPTY CATHETER BAG							
TOTAL PC1 HRS	INCONTINENT CARE							
TOTAL DOM HRS	LAST BOWEL MOVEMENT							
TOTAL DDSN HRS TOTAL VA HRS	DATE: OTHER							
TOTAL VATING	HOUSECLEANING							
	LAUNDRY							
	CLEAN BEDROOM							
	CLEAN BATHROOM							
	CHANGE/MAKE BED							
	CLEAN KITCHEN							
	WASH DISHES			1			1	
	VACUUM/SWEEP			+	1			
	GROCERY SHOPPING			1				
CLOCK ERRORS	CLIENT/AIDE INITIAL	ACTUAL C	ARE CALL HOU	I RS ON LEDGE	<u> </u>	1		
Hours will be calculated according to			E ONLY - DO N			۷)		
CareCall ledger (if applicable).			1		1 (7.02.7711			

Remember to clock in and out correctly!