

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							
DUE EVERY MONDAY BY 5:00PM Pay week starts on Sunday and ends on Saturday	DAY	SUN	MON	TUE	WED	THUR	FRI	SAT
	DATE							
	TIME IN							
	TIME OUT							
	TOTAL HOURS:							
FAX# 803-832-1643	CLIENT / RP INITIALS:							
fphctimesheets@gmail.com	PCA INITIALS:							
(Use Black Ink Only)	BATHING:							
PCA NOTES:	TOTAL BED BATH							
	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 PC2 HRS	DATE:							
TOTAL PC1 HRS	OTHER							
TOTAL COMA HRS	HOUSECLEANING							
TOTAL DDSN HRS	LAUNDRY							
	CLEAN BEDROOM							
	CLEAN BATHROOM							
	CHANGE/MAKE BED							
	CLEAN KITCHEN							
	WASH DISHES							
	VACUUM/SWEEP							
	GROCERY SHOPPING							
	CLIENT/AIDE INITIAL							

CLOCK ERRORS

Hours will be calculated according to CareCall ledger (if applicable).

Remember to clock in and out correctly!

OFFICE USE ONLY - DO NOT WRITE BELOW (ADMIN)

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Nurse Supervisor Signature: _____

Date: _____