



This is a Medical Record, and must be kept for 7 years. It MUST be CLEAN and neat to be processed. You **MUST** completely and accurately fill in **ALL** blanks that apply to you, and it **MUST** be initialed **EVERY DAY** you work at the end of your shift, AND be signed by both you and your client at the end of the last shift for the week or you **WILL NOT** be paid! Everything MUST also be filled out **DAILY** by the caregiver to be processed for payment.

**DO NOT Pre-Chart!!
Black Ink Only!**

Client's Name: (PRINT LEGIBLY) _____

Follow your client's calendar EXACTLY for hours to work.		Mon	Tues	Wed	Thur	Fri	Sat	Sun
IMPORTANT You MUST write notes on reverse concerning ANY missed TIME or DAYS! --MUST--	(mm/dd/yy)Date:							
	Time In:							
	Time Out:							
	Break:							
	Total Daily Hrs:							
Client's Initials (DAILY!)								

NO WHITE OUT!!!! CROSS OUT MISTAKES WITH ONE LINE, INITIAL AND HAVE CLIENT INITIAL **Total Hours for the Week**

Do not record vitals if you did not take them. False vitals can put your client's health at risk and is fraudulent.	Vitals: BP							
	Temp							
	Pulse							
	Resp							
	Weight							
	(if ordered) CBG							

REMINDER - Follow your client's CARE PLAN EXACTLY when performing and documenting your tasks completed.

TASK	TYPE	MON	TUE	WED	THU	FRI	SAT	SUN
BATHING	ADL							
	IADL							
DRESSING	ADL							
	IADL							
MOBILITY	ADL							
	IADL							
TOILETING/ INCONTINENT CARE	ADL							
	IADL							
EATING	ADL							
	IADL							
DELEGATED MEDICAL MONITORING								
SPECIAL ASSISTANCE								
Deviations Please write task name from the care plan, and make detailed notes on the back.								
Note If your total time for the day is different from the time assigned on the care plan please record the difference.								

***Note to employee:**

- ALL time sheets & weekly visit records MUST be turned into the office by 9am EVERY MONDAY. EVEN HOLIDAYS!
- ALWAYS turn in your time slips the week they are due and double check everything for accuracy before turning it in to avoid a penalty (pay rate reduction) and to ensure you get paid properly and timely. Late Time Slip = Late Paycheck!
- You MUST write notes on reverse concerning ANY missed TIME or DAYS in order for time slip to be paid. -MUST--
- You may fax but the original must be turned in to the office in order for you to be paid and must remain in the office records.
- You MUST completely and accurately fill in ALL blanks that apply to you in order to be paid.
- Your visit record MUST be initialed EVERY DAY you work by your client AND be signed by both you and your client or you WILL NOT be paid.
- Please separate your time slips for each month. DO NOT combine two different months on one time slip, but do turn them in together.
- DO NOT Pre-Chart!! If you make a mistake in your documenting, cross out error with ONE line and both you and your client MUST initial.

EMPLOYEE: I certify that I worked the hours shown above and completed the documented tasks, and that the client signature below is that of an authorized person.

PRINT NAME: _____, (CNA / LPN / RN / PCA) SIGNATURE: X _____

CLIENT: I certify that I received the documented services during the times shown from the above named individual, and I am fully satisfied with these services.

CLIENT/RESPONSIBLE PARTY SIGNATURE: X _____

