



CALIFORNIA MEDICAL CAREGIVER SERVICES

6507 Winnetka Avenue, Winnetka, CA 91306 ■ Tel. 818-888-0700 ■ Fax 818-888-1900 ■ www.calmedcare.com

T I M E S H E E T

Client's Name _____ Week Beginning _____

Worker's Name _____ Title _____

DATE	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
DAY	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time In														
Time Out														

Please check any assistance with Activities of Daily Living you give to client ONLY

Personal Care	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
Shower / Bed bath														
Shampoo hair														
Shave client														
Mouth care														
Dressing Assistance														
Eating														
Prepare / Serve meal														
Assist Feeding														
Toileting														
Bedpan / Urinal														
Assist to bathroom/Commode														
Check / Change Diaper														
Foley Catheter														
Activity														
Walks w/out assistance														
Uses cane/walker/crutches														
Walks w/assistance														
Reposition														
Assist to chair/wheelchair														
Assist w/Ted Hose														
Remind medications														
Other Activities														
Errands:Where?														
Escort to appointments:Where?														
Make beds														
Change Linens														
Clean kitchen/bathroom														
Laundry														
Light housekeeping														
Maintain clean/safe environment														
Clear pathways														
Vital Signs														
Temp/Pulse/Respiration														
Blood Pressure														
Weight														
Total No. of Hours														
Client's Signature*														

NOTES: _____ (additional notes can be written at the back)

Worker's/Caregiver's Signature*: _____ Date: _____

***By signing this Weekly Care Plan (Timesheet), Client and/or responsible party confirms weekly payment for nursing services to CALMED, and/or further re-affirm CALMED-Client Service Agreement; Client and/or family members agree(s) not to hire or encourage hiring CALMED Caregivers privately (directly). ***Caregiver, by signing agrees never to convey or accept direct hiring by client or by any family members. ***Note: For hourly services, minimum hours per visit is 4 hours, that is, services whether utilized less than 4 hours shall be assessed (billed) a total of 4 hours. (SUBMISSION: By 12 noon MONDAY of EACH WEEK!!!)