

INTEGRITY, INC. ATTENDANT CARE TIME SHEET

(Complete in black ink only)

Work Week: ____/____/____ - ____/____/____

Client Name: _____ **Staff Name:** _____

	MON	TUE	WED	THUR	FRI	SAT	SUN
DATE							
TIME IN Put AM or PM							
TIME OUT Put AM or PM							
Staff Initials							

(Staff please follow assignment)

ACTIVITIES	S	M	T	W	TH	F	S	ASSIGNMENT
Supervision								
Socialization								
Bed/Bath-Partial/ Complete								
Tub/Shower								
Hair Care –Brush/Shampoo/Other								
Skin Care/Foot Care								
Shave/Groom/Deodorant								
Nail Hygiene-Clean/File (only)								
Oral Care-Brush/Swab/Dentures								
Elimination Assist/Toileting								
Assist Medication (Reminder only)								
Ambulation Assist – Walker/Standby/wheelchair/cane								
Range of Motion/Passive								
Positioning –Encourage/Assist to turn q _____ hours								
Meal Preparation/Assist with Feeding								
Asst Dressing								
Limit/Encourage Fluids								
Grocery Shopping								
Housekeeping/Laundry								
Spec. Instruction								

STAFF COMMENTS/CONCERNS:

(Supervisor is to be notified of any changes in clients conditions, concerns regarding duties, unscheduled task, or task not completed)

RN Signature

Client Signature

Staff Signature

Date

Date

Date