

INTEGRITY, INC PERSONAL CARE-CASE NOTES

(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 Initial							

(Staff please follow assignment)

ACTIVITIES	M	T	W	TH	FR	S	S	ASSIGNMENT	Length of time for task
Bed/Bath-Partial/ Complete									
Tub/Shower									
Hair Care-Brush/Shampoo/Other									
Meal Preparation/Assist w/Feeding									
Asst Dressing									
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									
Limit/Encourage Fluids									
Grocery Shopping									
Housekeeping/Laundry									
Spec. Instruction									

(Staff please follow assignment)

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

Staff Signature

Date

Date