



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 #	TASK	MON	TUE	WED	THU	FRI	SAT	SUN	
19	Mobility								
20	Eating								
21	Bathing								
22	Dressing								
23	Toileting								
24	Continence								
25	Personal Hygiene								
26	Medical Monitoring								
27	Meal Prep								

Tasks #19 through #27 may not be eliminated if assigned on the care plan.

Tasks #28 - #30 may be omitted if allowed time does not permit completion. Your time for the day must be shortened by this amount of time.

28	Home Mgt Bathroom								
29	Home Mgt Bedroom/Living Rm								
30	Home Mgt General								

Deviations Please write the task number of any tasks that is assigned on the care plan that you did not complete, write detailed notes on the back.

Note Please write the time for all uncompleted tasks in this box, your time for the day should be shortened by this amount of time.

***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 _____

