Purple Spring Home Caregivers, Inc.

TIME SHEET
WEEKLY CARE RECORD

NO TIME SHEET - *Delay in Pay!* Weekly care record must be completed and submitted every **SATURDAY** by **10:00AM** to **(708) 833 1119**

Client's Name:

Client's Address:

Caregiver's Name:

DATE	IN	OUT	TOTAL HOURS / DAYS	CLIENT APPROVED
		TOTAL HOURS TO THE NEAREST 1/4 HOUR		

I certify the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative.

Caregiver's Signature: **Date:**

I certify that the hours are correct and that caregiver performed satisfactorily.

Client's Signature: **Date:**

Please check (√) all that apply. Use code: A=Assist and C=Complete
Only check the items that you actually performed on each day. Use additional sheet if necessary to describe other duties performed.

SUMMARY OF DUTIES PERFORMED

Observation (as per POC) — **Day of Week**

	SA	SU	M	T	W	T	F
Observed Medication Taken							
Medication Reminders							
Errands Done (add note)							
Socialization (add note)							
Appointment (add note)							
Notes:							
EMOTIONAL STATE	SA	SU	M	T	W	T	F
Converses readily with others							
Nonverbal communication only							
Content / Comfortable / Smiles							
Agitated / Frustrated / Angry							
Depressed / Crying / Emotional							
Alert (Oriented / Confused)							
Drowsy							
Sleeping							
Semi / Unconscious							
APPETITE	SA	SU	M	T	W	T	F
Breakfast (100% / 50% / 0%)							
Lunch (100% / 50% / 0%)							
Dinner (100% / 50% / 0%)							
Complain of Nausea / Vomiting							
ACTIVITY	SA	SU	M	T	W	T	F
Encourage Exercises							
Assist to shift position							
Ambulation							
Up in chair / Bedrest							

Functions (as per POC) — **Day of Week**

HYGIENE	SA	SU	M	T	W	T	F
Tub Bath / Shower							
Sponge Bath / Bed Bath							
Shampoo / Hair Care							
Oral Hygiene							
Shaving							
Dress / Undress							
Nail Care - no cutting							
DIET	SA	SU	M	T	W	T	F
Meal Preparation and clean up							
Feeding Assistance							
Diet Instructions / Allergies Acknowledged							
SKIN	SA	SU	M	T	W	T	F
Lotion to skin							
Simple dressing / band aid changed							
Skin changes / Skin Allergies / Bed Sores							
ELIMINATION	SA	SU	M	T	W	T	F
Incontinent							
BM, number of times							
BM, Normal							
BM, Diarrhea / Loose							
BM, Hard / Constipated							
Urine Void, number of times							
HOUSEHOLD ACTIVITIES	SA	SU	M	T	W	T	F
Light Housekeeping (vacuum, dust, remove garbage, pet care)							
Kitchen Clean up, Dishes							
Linen Change, Make bed							
Personal laundry							

24 HOUR SERVICE
WE'RE DEDICATED TO SERVING YOU
9944 S. Roberts Rd. Suite 111 Palos Hills, IL. 60465
Tel: 630 999 4655 Fax: 708 930 5970