



# Purple Spring Home Caregivers, Inc.

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## 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.		<b>Date:</b>
<b>Caregiver's Signature:</b>		
I certify that the hours are correct and that caregiver performed satisfactorily.		<b>Date:</b>
<b>Client's Signature:</b>		

**Please put a check mark (✓) for services done. Use code: A = Assisted** by caregiver, **C = Completed** by client/family and **R = Client Refused**  
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							Functions (as per POC)	Day of Week						
	SA	SU	M	T	W	T	F		SA	SU	M	T	W	T	F
								<b>HYGIENE</b>							
Observed Medication Taken								Tub Bath / Shower							
Medication Reminders								Sponge Bath / Bed Bath							
Errands Done (add note)								Shampoo / Hair Care							
Socialization (add note)								Oral Hygiene							
Appointment (add note)								Shaving							
<b>Notes:</b>								Dress / Undress							
								Nail Care - no cutting							
<b>EMOTIONAL STATE</b>	SA	SU	M	T	W	T	F	<b>DIET</b>	SA	SU	M	T	W	T	F
Converses readily with others								Meal Preparation and clean up							
Nonverbal communication only								Feeding Assistance							
Content / Comfortable / Smiles								Diet Instructions / Allergies Acknowledged							
Agitated / Frustrated / Angry								<b>SKIN</b>	SA	SU	M	T	W	T	F
Depressed / Crying / Emotional								Lotion to skin							
Alert (Oriented / Confused)								Simple dressing / band aid							
Drowsy								Skin changes / Skin Allergies / Bed Sores							
Sleeping								<b>ELIMINATION</b>	SA	SU	M	T	W	T	F
Semi / Unconscious								Incontinent							
<b>APPETITE</b>	SA	SU	M	T	W	T	F	BM, number of times							
Breakfast (100% / 50% / 0%)								BM, Normal							
Lunch (100% / 50% / 0%)								BM, Diarrhea / Loose							
Dinner (100% / 50% / 0%)								BM, Hard / Constipated							
Complain of Nausea / Vomiting								Urine Void, number of times							
<b>ACTIVITY</b>	SA	SU	M	T	W	T	F	<b>HOUSEHOLD ACTIVITIES</b>	SA	SU	M	T	W	T	F
Encourage Exercises								Light Housekeeping (vacuum, dust, remove garbage, pet care)							
Assist to shift position								Kitchen Clean up, Dishes							
Ambulation								Linen Change, Make bed							
Up in chair / Bedrest								Personal laundry							