|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |
|   |  |   | HOME CARE TIMESHEET |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   | Client Name: | John Doe |   |   | Company: | Home Care Company |   |
|   | Person responsible: | Margaret Hartman |   |   | Address: | 252 West Avenue, 21555 New York |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   | ACTIVITY | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |   |
|   | Accompany on Walks | X |  | X |  |  |  |  |   |
|   | Accompany to Doctor Appointments | X |  |  | X |  |  |  |   |
|   | Bathing | X |  | X |  |  |  |  |   |
|   | Dressing | X | X | X | X |  |  |  |   |
|   | Eating | X |  |  |  |  |  |  |   |
|   | Errands |  | X | X |  |  |  |  |   |
|   | Incontinence Care |  |  |  |  |  |  |  |   |
|   | Meal Preparation | X |  |  |  |  |  |  |   |
|   | Medication Reminders | X | X | X | X |  |  |  |   |
|   | Oral Hygiene | X | X | X | X |  |  |  |   |
|   | Picking up Prescriptions | X |  |  |  |  |  |  |   |
|   | Recreational Activities |  | X | X |  |  |  |  |   |
|   | Safety/Fall Protection | X |  |  |  |  |  |  |   |
|   | Walking and Mobility |  | X |  | X |  |  |  |   |
|   | Shaving |  | X |  |  |  |  |  |   |
|   | Vital signs | X | X | X | X |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   | DAY | DATE | START I | FINISH I | START II | FINISH II | DAILY HRS | MILEAGE | CLIENT SIGN |   |
|   | Monday | 13/03/2023 | 08:30 | 11:30 | 12:30 | 15:30 | 06:00 | 8 |  |   |
|   | Tuesday | 14/03/2023 | 07:00 | 12:00 | 13:00 | 23:00 | 15:00 | 8 |  |   |
|   | Wednesday | 15/03/2023 | 06:30 | 09:30 |  |  | 03:00 | 5 |  |   |
|   | Thursday | 16/03/2023 | 07:00 | 10:00 | 12:00 | 18:00 | 09:00 | 12 |  |   |
|   | Friday | 17/03/2023 |  |  |  |  |  |  |  |   |
|   | Saturday | 18/03/2023 |  |  |  |  |  |  |  |   |
|   | Sunday | 19/03/2023 |  |  |  |  |  |  |  |   |
|   | WEEKLY HOURS WORKED: | 33:00 |   |   |
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