



420 Niagara Street Buffalo, NY 14201 | Tel:716-768-8056 | Fax: 716-768-8979 | 716-954-7162

PATIENT NAME AIDE/CAREGIVER ACTIVITY SHEET PATIENT ADDRESS PATIENT ADDRESS										
A THE RESIL A VINITAL										
(CARÉGIVER NAME:			WEEK OF:							
			06/17/19 - 6/23/19							
		SCHE	DULE							
	DAY OF THE WEEK	MON	TUE	WED	THU	FRI	SAT	SUN		
	DATE:	617	8300	619	6120 830a	8300	8300	6123		
	START TIME: END TIME:	5300	5300	8300 5300	530	5200	2300			
PERSONAL	100 BATH-TUB	3-7	3-7	300	0	0	1			
PERSONAL	101 BATH- SHOWER	1	1	1	1	1				
PERSONAL	102 BATH- BED									
PERSONAL	103 PATIENT REQ TOTAL CARE									
PERSONAL	106 MOUTH CARE/DENTURECARE	,	,	,						
PERSONAL	107 HAIR CARE- COMB	V,	V,	V	V ,	V	1			
PERSONAL	108 HAIR CARE- SHAMPOO	/	V	V	V	V	/			
PERSONAL	109 GROOMING-SHAVE									
PERSONAL	110 GROOMING-NAILS	,	1	1	1	-	1			
PERSONAL	111 DRESSING	V,	V /	V	V,	V	1			
PERSONAL	112 SKIN CARE	V	V		V	V	V			
PERSONAL	113 FOOT CARE 114 TOILETING-DIAPER				-					
PERSONAL PERSONAL	114 TOILETING-DIAPER 115 TOILETING- COMMODE									
PERSONAL	116 TOILETING- COMMODE 116 TOILETING-BEDPAN/URINAL									
PERSONAL	117 TOILETING-BEDI AIVORINAL									
NUTRITION	201 PATIENT ON PRESCRIBED DIET									
NUTRITION	202 PREPARE-BREAKFAST									
NUTRITION	203 PREPARE-LUNCH									
NUTRITION	204 PREPARE-DINNER									
NUTRITION	205 PREPARE SNACK									
NUTRITION	206 ASSIST W. FEEDING									
NUTRITION	207 RECORD INTAKE-FOOD									
NUTRITION	208 RECORD INTAKE-FLUID		-			-		-		
ACTIVITY	300 TRASFERRING		-	 	1	-	-	-		
ACTIVITY	301 ASSIST W. WALKING 302 PT WALKS W. ASSISTIVE DEVICES				-	-	-	 		
ACTIVITY ACTIVITY	305 ASSIST W. HOME EXERCISE PROG	-			-	+	+			
ACTIVITY	306 RANGE OF MOTION EXERCISES			 	<u> </u>	 	+			
ACTIVITY	311 TURN & POSITION					+	 	1		
TREATMENT	400 TAKE TEMPERATURE					1	1			
TREATMENT	403 TAKE PULSE									
TREATMENT	404 TAKE RESPIRATIONS									
TREATMENT	405 TAKE BLOOD PRESSURE									
TREATMENT	406 WEIGH PATIENT									
TREATMENT	407 RECOORD OUTPUT (URINE/BM)									
TREATMENT	408 ASSIST WITH CATHETER CARE			-	 					
TREATMENT	409 EMPTY FOLEY BAG				-	-		-		
TREATMENT	410 ASSIST W. OSTOMY CARE	-/-	1	1	1.1	1.1		-		
TREATMENT	411 REMIND TO TAKE MEDICATION 412 ASSIST W. TREATMENT	V	V	V		V	V	1		
TREATMENT PATTIENT	500 CHANGE BED LINEN	 			1		1	1		
PATTIENT	501 PATIENT LAUNDRY	,	—		+	 				
PATTIENT	502 LIGHT HOUSEKEEPING	-	1	1	1	1	1/			
PATTIENT	505 CLEAN PT CARE EQUIPMENT	,						1		
PATTIENT	506 DO PATIENT SHOPPING & ERRANDS	1	/			V				
PATTIENT	508 ACCOMPANY PT TO MED. APPMNT									
PATTIENT	509 DIVERSIONAL ACTIVITIES-									
	SPEAK/READ	1	1	1	1	1	1			
PATTIENT	511 MONITOR PATIENT SSAFETY	V	V	V	V	V	V			
	PTINITIALS									
	CAREGIVER INITIALS									
		1								
PATIENT SIG	ANATURE:	(CAREGIV	ER SIGNAT	URE:					

If you miss a clock-in or clock-out, the timesheet must be in by 5pm on Monday each week. Timesheets received after 5pm Monday on a payroll week may not be entered in time to be reflected in your pay for that week.



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PATIENT NAME		PATIENT ADDRESS								
CAREGIVER NAME:		WEEK OF:								
		SCHE		TURE	(C1117)	EDY	0.47	CLINI		
	DAY OF THE WEEK DATE:	MON	TUE	WED	THU	FRI	SAT	SUN		
	START TIME:									
	END TIME:									
PERSONAL	100 BATH-TUB									
PERSONAL	101 BATH- SHOWER									
PERSONAL PERSONAL	102 BATH- BED 103 PATIENT REQ TOTAL CARE									
PERSONAL	106 MOUTH CARE/DENTURECARE									
PERSONAL	107 HAIR CARE- COMB	7 - 30 11								
PERSONAL	108 HAIR CARE- SHAMPOO									
PERSONAL	109 GROOMING-SHAVE									
PERSONAL	110 GROOMING-NAILS									
PERSONAL	111 DRESSING			-				-		
PERSONAL PERSONAL	112 SKIN CARE 113 FOOT CARE							-		
PERSONAL	114 TOILETING-DIAPER									
PERSONAL	115 TOILETING- COMMODE									
PERSONAL	116 TOILETING-BEDPAN/URINAL									
PERSONAL	117 TOILETING- TOILET									
NUTRITION	201 PATIENT ON PRESCRIBED DIET				-					
NUTRITION	202 PREPARE-BREAKFAST			-				-		
NUTRITION NUTRITION	203 PREPARE-LUNCH 204 PREPARE-DINNER							1		
NUTRITION	205 PREPARE SNACK									
NUTRITION	206 ASSIST W. FEEDING									
NUTRITION	207 RECORD INTAKE-FOOD									
NUTRITION	208 RECORD INTAKE-FLUID									
ACTIVITY	300 TRASFERRING				 					
ACTIVITY ACTIVITY	301 ASSIST W. WALKING 302 PT WALKS W. ASSISTIVE DEVICES				-			1		
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TREATMENT	400 TAKE TEMPERATURE									
TREATMENT	403 TAKE PULSE 404 TAKE RESPIRATIONS					 	-			
TREATMENT TREATMENT	404 TAKE RESPIRATIONS 405 TAKE BLOOD PRESSURE		-	-	 		-			
TREATMENT	406 WEIGH PATIENT									
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TREATMENT	410 ASSIST W. OSTOMY CARE		-		 	1		+		
TREATMENT TREATMENT	411 REMIND TO TAKE MEDICATION 412 ASSIST W. TREATMENT				-			-		
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PATHENI	SPEAK/READ									
PATTIENT	511 MONITOR PATIENT SSAFETY									
	PT INITIALS									
	CAREGIVER INITIALS							1		
							1			
PATIENT SIGANATURE:			CAREGIVER SIGNATURE:							

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