

**Good Hand Home Care
Service Documentation
Employee Call off # (216) 801-8962**

Client Name: _____ Aide Name: _____

Address: _____

Month: _____ Year: _____ Week start: _____ week end: _____ Total Hrs: _____

Date	Day	Time In	Time Out	H.H.A Signature (Do not prefill time sheets)	Client Signature (DAILY) (Sign after services been rendered)	Total Hours No Hrs. No Pay
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
	Sat					

(PCS) √ marks Black Ink Only	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Shower/Bath/bed bath							
Skin Check Butt /Back/Heels / Shoulders							
Dressing Assistance							
Oral Care/ /Denture Care/Teeth							
Shampoo/ Hair Care/Shave							
Skin Care/ lotion/power/Deodorant							
Perianal Care							
Companionship							
Meal Preparation (HMKR)	B L D	B L D	B L D	B L D	B L D	B L D	B L D
Feeding Assistance Good/Fair/Poor	G F P	G F P	G F P	G F P	G F P	G F P	G F P
Med Reminder (HMKR)							
Remove ted Hose/Apply ted Hose							
Bathroom (PCS)							
Toileting /Urinal/Cath/Ostomy Bag							
Bedpan /bedside commode							
Stool hard/ soft / loose am /pm							
Vitals Pulse/ Temperature/ Respirations							
ROM left leg/ right leg/ left arm/ right arm							
Transfers (PCS)							
Wheel Chair Assist/Hoyer lift/Walker/Cane							

(HMKR) √ marks Black Ink Only	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Basement /Washer /Dryer wipe down							
Vacuumed/halls/living /dining /Bedroom							
Clean Bedroom/Made Bed/ Under the Bed							
Clean Kitchen/Cabinets/Stove/Refrigerator							
Mopped Floors/Hallways/Kitchen							
Laundry/Folding /Put up clothing							
Changed Linens							
Dusting Dining/living room							
Grocery shopping/Errands							
Trash Removal kitchen/ Bathroom/Living							
Bathroom Cleaning							
Wall/ Floor /Mirrors/Toilet/Tubs/Sinks							

Employee Signature: _____

Date: _____