

Safe N Steady Inc.

Tel: 561-237-5252

Nurse Registry / A Homecare Company

Fax 561-807-7859

DAILY PROGRESS NOTES

The client recognizes that the registry pays the caregiver directly and that the client agrees not to employ the caregiver for a period of one year following termination of this agreement. In the event client violates the stated condition, they shall pay the registry upon demand \$10,000.00 as damages.

Client Name: _____ Work Week Start Date: _____

Caregiver Name: _____ Tax ID Number: 27-0651616

Policy Number: _____ Claim Number: _____

Day	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Date								
Time In								
Time Out								
Total Hours								

Activities of Daily Living

Bathing							
Mouth Care / Shave							
Dressing Assistance							
Feed Client							
Medication Reminders							
Transfer to Toilet / Commode							
Incontinence							
Walks with help							
Uses Cane / Walker / Wheelchair							
Transferring							

Instrumental Activities with Daily Living

Prepare or Serve Meals							
Grocery Shopping							
Cleaning							
Laundry							
Errands							

I certify that the care listed is an accurate account of the care given and received.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Client Daily Initials:							

Client Weekly Signature:		Date:	
Caregiver Signature:		Date:	