

Musketeer Home Care LLC

Were you hospitalized? YES ___ or NO ___
 Hospitalized from ___/___/20___ to ___/___/20___

Attendant: _____ Phone: _____
 Consumer: _____ Phone: _____
 Number of Hours Approved _____

Pay Period From ___/___/20___ to ___/___/20___

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date							
Personal Care: includes bath/shower, dressing/undressing/minor hygiene							
Toileting: includes bowel/bladder, cath care, asst to / from bathroom, and clean up							
Health: includes equip maintenance, meds, turning in bed, ROM, wound care							
Housekeeping: includes dusting, mopping sweeping, bathroom cleanup & laundry							
Meals: includes meal set-up, preparation, consumption and cleanup							
Transportation: includes Doctor's visits, essential shopping etc.							

***** You Must Circle AM or PM *****

Time In:	AM	AM	AM	AM	AM	AM	AM	AM						
Time Out:	PM	PM	PM	PM	PM	PM	PM	PM						
Total Hours														
Consumer and Attendant MUST Please Sign DAILY on Vertical lines.	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT	CONSUMER	ATTENDANT

Verified by: _____ Date: _____
 Verified By: _____ Date: _____