## **Personal Care Assistance Service Log Sheet**

\*\*DO NOT USE WHITEOUT - CONSUMER MUST MARK
THROUGH AND INITIAL MISTAKES\*\*

## **Musketeer Home Care LLC**

Were you hospitalized? YES or NO					Attendant:							Phone:					
Hospitalized from / /20 to//20				Consumer:							Phone:						
				Nι	ımber of H	Hours Appr	oved									İ	
	Pay Period From/ / 20 to/ / 20															İ	
		Sun	N	lon	Т	ue	W	ed	TI	าน	F	ri	Sa	t			
Date															Date		
Personal Care: includes																j j	
bath/shower, dressing/																_Date:	
undressing/minor hygiene																	
Toileting: includes																	
bowel/bladder, cath care, asst to /																	
from bathroom, and clean up																İ	
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.																	
visits, essential shopping etc.	**	******	****	****** V	ou Must	Circle ANA	or DN// *:	******	*******	***	<u></u>				Verified by:	Verified By:	
********** You Must Circle AM or PM **********  AM															_ ijjed	ifiec	
Time In:		AM PM		PM		PM		AM PM		PM		PM		AM PM	Ver	Ver	
Time Out:		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM			
Total Hours																	
Consumer and Attendant MUST		5		Ļ		Þ		Ļ		Þ		þ		Ļ			
Please Sign DAILY on Vertical lines.		ATTENDANT		ATTENDANT		ATTENDANT		ATTENDANT		ATTENDANT		ATTENDANT		ATTENDANT			
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