

**PERSONAL / HOMEMAKER / RELATIVE PCP- NON IHSS**

**D=Decline X=Completed**

Client Name : \_\_\_\_\_ Client Address : \_\_\_\_\_

Employee Name : \_\_\_\_\_

**Week of** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Through** \_\_\_\_/\_\_\_\_/\_\_\_\_

Select Class of Care = PCP/ HM /RPCP/ Respite							
	Sun	Mon	Tues	Wed	Thrus	Fri	Sat
Date							
Time In							
Time Out							
Recorded EVV							
Time In							
Time Out							
Recorded EVV							

<b>Personal Care</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thrus</b>	<b>Fri</b>	<b>Sat</b>
Bathing							
Dressing							
Skin Care							
Transfers							
Mobility							
Eating							
Respiratory Assistance							
Positioning / Turning							
Bladder / Bowel Care							
Hygiene							
Medical Equipment							
Medication Reminder							
Protective Oversight							
Accompaniment							
Exercise							

<b>Homemaker</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thrus</b>	<b>Fri</b>	<b>Sat</b>
Floor Care							
Bathroom							
Kitchen							
Trash							
Meal Preparation							
Dishwashing							
Bed Making							
Laundry							
Shopping							
Dusting							

Comment /Concerns : Must include Date & Time

Client Signature: \_\_\_\_\_ Date : \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Date : \_\_\_\_\_

For office use only:  
 Procedure Code \_\_\_\_\_  
 Received By: \_\_\_\_\_