



"Providing the best home health care strategies & solutions"

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## Weekly Time Sheet

Attendant Name: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

<b><u>Monday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Tuesday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Wednesday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Thursday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Friday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Saturday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC
<b><u>Sunday</u></b>						
_____						
Consumers Signature						
Mo	Day	In	AM/PM	OUT	AM/PM	PC

Personal Care Task	M	T	W	T	F	S	S
Dietary							
Bathing/Personal Hygiene							
Dressing and Grooming							
Toiletry Continance							
Mobility Transfer							
Asst Self Admin Meds							
Med Related HH tasks							
Bowel/Bladder Routine							
Ostomy Hygiene							
Catheter Hygiene							
Treatment							
Clean/Maintain Equipment							
Clean Bathroom							
Change Linen							
Make Bed							
Clean Appliances							
Dishes							
Kitchen Surfaces							
Meal Prep/Cleanup							
Laundry							
Dusting							
Floors-Sweep/Mop							
Vacuum							
Empty Trash							
Ironing							
Mending							
Essential Correspondence							
Essential Transportation							
Shopping Errands							
Hospitalized							
Respite							
Turning and Positioning							
Other							

**THIS SPACE FOR OFFICIAL USE ONLY**

Total Units Delivered: \_\_\_\_\_

Units Billed: \_\_\_\_\_

Supervisor Initials: \_\_\_\_\_

By my signature, I certify that this client received these services and the above information is true and correct

X \_\_\_\_\_  
Attendant Signature

Date: \_\_\_\_\_