

Comment:

I affirm that the dates, times and amount of services indicated on this document are accurate to the best of my knowledge.

Procure Healthcare Worker's Signature:

Procure Healthcare Supervisor's Signature:

Date: _____

PROCARE HEALTHCARE, INC.

77 Wellsley Way Dallas, GA 30132
Phone# 770-544-8520: Fax# 770-884-8202

Aide Worksheet

Client Name (PRINT): _____

Employee's Name (PRINT): _____

WEEK	MON	TUES	WED	THU	FRI	SAT	SUN
Date							
Time In							
Time Out							
TOTAL							

TOTAL HOURS _____

Comments: _____

By my signature below I submit that this worksheet is correct and that I have performed the activities indicated to the best of my ability. I also understand that my pay is subject to verification of this information, and it must be submitted to the office before my check can be issued to me.

	MO	TU	WD	TH	FR	SA	SU	Homemaker Tasks	MO	TU	WD	TH	FR	SA	SU
Personal Services								Vacuum/Mop							
Bath								Dust							
Ambulation/Transfer								Empty Trash							
Hair Care								Clean Patients Room							
Oral Care								Clean Kitchen							
Skincare/Shaving Nails (file only)								Clean Bathroom							
Dressing								Laundry/Linens							
Toileting								Other/ Errands							
Observing Skin								Medically related	M	T	W	T	F	S	S
Nutritional Support	M	T	W	T	F	S	S	Remind Client to take medication							
Prepare Meals/Clean up								Assist with self given Meds							
Feed Patient Assist								Report any changes							
Record Fluid Input/Output								Other							

Client Signature

Employee Signature

RN Signature