



## DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: \_\_\_\_\_

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

DAY	Monday	Tuesday	Wed		friday	Saturday		
Date	04/08/25	04/03/25	04/11/25		04/12/25	04/14/25		
Time In	9:00 AM	3:00 PM	12:00 PM		12:00 PM	12:00 PM		
Time Out	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM		
Bathing	X	X	X		X			
Dressing	X	X	X		X	X		
Toileting	X				X	X		
Standby assist	X		X		X			
Cleaning body	X				X	X		
Toweling off		X			X	X		
Laundry	X				X			
Linen changes	X		X		X	X		
Make beds	X		X		X	X		
Floor care	X		X		X	X		
Tidy up kitchen		X			X	X		
Meal Preparation	X	X	X		X	X		
Feeding								
Vacuum	X				X			
Empty Trash		X			X			
Dust	X					X		
Clean Bathroom	X		X		X			
Healthcare Appt.								
Shopping			X			X		
Clutter Control					X			
Read/play games								
Change incontinent wear								
Shampoo	X				X			
Hair grooming	X				X			
Oral hygiene								
Give fluids	X	X	X		X	X		
DAILY HOURS								

TOTAL WEEKLY HOURS: 40

Employee Signature & Name: Celestina

Date: April 14, 2025

Client Signature: Mary A. Clinton

Date: April 14, 2025