



DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: Simonized

Employee: Simon

DAY	Wednesday							
Date	08/20/25							
Time In	[field id="StartWed"]	[field id="StartThurs"]	[field id="StartFri"]	[field id="StartSat"]	[field id="StartSun"]			
Time Out	[field id="FinishWed"]	[field id="FinishThurs"]	[field id="FinishFri"]	[field id="FinishSat"]	[field id="FinishSun"]			
Bathing	X			X				
Dressing								
Toileting								
Standby assist								
Cleaning body								
Toweling off								
Laundry								
Linen changes								
Make beds								
Floor care			X					
Tidy up kitchen								
Meal Preparation								
Feeding								
Vacuum								
Empty Trash								
Dust								
Clean Bathroom				X				
Healthcare Appt.								
Shopping								
Clutter Control								
Read/play games								
Change incontinent wear								
Shampoo								
Hair grooming								
Oral hygiene								
Give fluids			X					
DAILY HOURS								

[Handwritten signature]

TOTAL WEEKLY HOURS: _____

Employee Signature & Name: _____

Date: August 20, 2025

Client Signature: *[Handwritten signature]* _____

Date: August 20, 2025