DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: _____

Employee: _____

DAY	Vanna Hammond							
Date								
Bathing	Elaine Flowers							
Dressing								
Toileting	~~Monday~~	~~Tuesday~~	~~Monday~~	~~Sunday~~	~~Sunday~~	~~Thursday~~	~~Sunday~~	
Standby assist	~~09/08/25~~	~~09/07/25~~	~~09/08/25~~	~~09/08/25~~	~~09/08/25~~	~~09/08/25~~	~~09/08/25~~	
Cleaning body								
Toweling off		X	X	X	X		X	
Laundry	X	X	X	X		X	X	
Linen changes	X					X		
Make beds				X			X	
Floor care	X			X	X		X	
Tidy up kitchen			X	X		X	X	
Meal Preparation			X		X		X	
Feeding		X	X	X				
Vacuum					X	X	X	
Empty Trash				X	X	X		
Dust	X		X	X	X	X		
Clean Bathroom				X			X	
Healthcare Appt.		X	X	X	X	X	X	
Shopping	X	X						
Clutter Control	X					X		
Read/play games	X	X		X		X		
Change incontinent wear		X				X		
Shampoo		X		X				
Hair grooming		X		X	X		X	
Oral hygiene		X	X	X	X	X	X	
Give fluids			X				X	
DAILY VISIT		X	X		X			
	X	X	X	X	X	X	X	
	X				X		X	
	3	3	3	3	3	3	3	

TOTAL WEEKLY VISIT: _____

Employee Signature & Name: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Quas ut laborum Quo

21-Dec-2018

September 8, 2025