



DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: _____

Employee: _____

DAY	Monday	Wednesday	Thursday	Saturday	Sunday	Select	Select
Date	09/01/25	09/03/25	09/04/25		09/07/25		
Time In	9:00 AM	9:00 AM	9:00 AM		9:00 AM		
Time Out	5:00 PM	5:00 PM	5:00 PM		5:00 PM		
Bathing				X			
Dressing	X	X	X	X	X		
Toileting	X	X	X	X	X		
Standby assist	X	X	X	X	X		
Cleaning body				X			
Toweling off				X			
Laundry	X	X	X	X	X		
Linen changes							
Make beds	X	X	X	X	X		
Floor care	X	X	X	X	X		
Tidy up kitchen	X	X	X	X	X		
Meal Preparation	X	X	X	X	X		
Feeding							
Vacuum	X	X	X	X	X		
Empty Trash	X	X	X	X	X		
Dust							
Clean Bathroom	X	X	X	X	X		
Healthcare Appt.							
Shopping							
Clutter Control	X	X	X	X	X		
Read/play games							
Change incontinent wear				X			
Shampoo				X			
Hair grooming	X	X	X	X	X		
Oral hygiene	X	X	X	X	X		
Give fluids							
DAILY HOURS	8	8	8	8	8		

TOTAL WEEKLY HOURS: 40

Employee Signature & Name: TEMYA

Date: September 15,
2025

Client Signature: _____

Date: _____