



DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: _____

Employee: _____

DAY	Friday	Tuesday	Select	Select	Select	Select	Select
Date	09/26/25	09/30/25					
Time In	9:00 AM	9:00 AM					
Time Out							
Bathing							
Dressing	X	X					
Toileting	X	X					
Standby assist	X	X					
Cleaning body							
Toweling off							
Laundry	X	X					
Linen changes							
Make beds	X	X					
Floor care	X	X					
Tidy up kitchen	X	X					
Meal Preparation	X	X					
Feeding							
Vacuum	X	X					
Empty Trash	X	X					
Dust	X	X					
Clean Bathroom	X	X					
Healthcare Appt.							
Shopping							
Clutter Control							
Read/play games							
Change incontinent wear	X	X					
Shampoo	X	X					
Hair grooming	X	X					
Oral hygiene	X	X					
Give fluids	X	X					
DAILY HOURS	8.00	8.00					

TOTAL WEEKLY HOURS: 16.00

Employee Signature & Name: X

Date: September 30, 2025

Client Signature: X

Date: September 30, 2025