



## DAILY VISIT NOTE FORM / TIMESHEET

CLIENT NAME: Maxine

Employee: Nancy Munoz

DAY	Thursday	Wednesday	Wednesday	Wednesday	Select	Select	Select
Date	10/01/25	10/08/25	10/15/25	10/22/25			
Time In	9:30 AM	9:30 AM	9:30 AM	9:30 AM			
Time Out	2:30 PM	2:30 AM	2:30 PM	2:30 PM			
Bathing							
Dressing							
Toileting	X	X	X	X			
Standby assist	X	X	X	X			
Cleaning body							
Toweling off							
Laundry							
Linen changes							
Make beds	X	X	X	X			
Floor care	X	X	X	X			
Tidy up kitchen	X	X	X	X			
Meal Preparation	X	X	X	X			
Feeding							
Vacuum	X	X	X	X			
Empty Trash	X	X	X	X			
Dust	X	X	X	X			
Clean Bathroom	X	X	X	X			
Healthcare Appt.							
Shopping							
Clutter Control							
Read/play games	X	X	X	X			
Change incontinent wear							
Shampoo							
Hair grooming							
Oral hygiene							
Give fluids	X	X	X	X			
DAILY HOURS	5	5	5	5			

TOTAL WEEKLY HOURS: \_\_\_\_\_

Employee Signature & Name: N. Munoz

Date: October 22, 2025

Client Signature: [Signature]

Date: \_\_\_\_\_