

ComForcare Home Care Weekly Flowsheet

Employee Name _____
(Please print)

Client Name _____
(Please print)

Employee Signature _____

Client Signature _____

I hereby certify that the above hours are accurate and that I complied with the rules and regulations required by ComForcare Home Care..

I hereby certify that the above hours worked by ComForcare Home Care's employee represent the true accurate hours for which services were performed.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	DATE:							
MILEAGE	Time IN							
	Time OUT							
Monday:	Total Hrs Worked							
Odom Start:	Client Initials							
Odom Stop:								
Total Miles:	PERSONAL CARE							
Destination:	Bed							
	Tub/Shower							
Tuesday:	Assist/Chair							
Odom Start:	Assist with Dressing							
Odom Stop:	Hair Care							
Total Miles:	Skin Care							
Destination:	Foot Care							
	Check Pressure areas							
Wednesday:	Shave/Deodorant							
Odom Start:	Nail Hygiene/Clean/File							
Odom Stop:	Oral-Brush/dentures							
Total Miles:	Elimination Assistance							
Destination:								
	PROCEDURES							
Thursday:	Incontinent Care							
Odom Start:	Record Input/Output							
Odom Stop:	Medication reminders							
Total Miles:								
Destination:	ACTIVITY							
	Ambulation/Assist							
Friday:	Range of Motion							
Odom Start:	Transfers							
Odom Stop:	Turn in bed							
Total Miles:								
Destination:	NUTRITION							
	Meal Preparation							
Saturday:	Assist with Feeding							
Odom Start:	Limit/Encourage Fluids							
Odom Stop:	Grocery Shopping							
Total Miles:								
Destination:	HOMEMAKING							
	Light Housekeeping							
Sunday:	Kitchen Duties							
Odom Start:	Bedroom/Bathroom							
Odom Stop:	Change Linens/Laundry							
Total Miles:	Vacuum/Dust							
Destination:	Sweep/Mop							

c - completed

d - declined

White - Office Yellow - Payroll Pink - Client