



**CHECK EACH DAY AFTER SERVICE RENDERED**

**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

**Bed**

**Bath**

**Sink**

**Shower**

**Oral Hygiene**

**Dentures**

**Hair**

**Shampoo**

**Shave**

**Nails**

**Soak**

**Polish**

**File**

**Skin**

**Routine (as requested)**

**Ambulation**

**Dressing**

**Exercise**

**Gait Belt**

**Hoist**

**Walker/Cane**

**Positioning**

**ROM Exercise**

**Toilet/Commode**

**Bed Pad/Urinal**

**Cath Care**

**Tube Care**

**Peri Care**

**Diaper Change**

**Med Reminder**

**Clean Bedroom**

**Made Bed**

**Change Linen**

**Dust**

**Wash Dishes**

**Clean Kitchen/Counter/Stove**

**Floors**

**Sweep**

**Mop**

**Vacuum**

**Clean Bathroom**

**Toilet/Tub/Sink**

**Sweep/Mop**

**Laundry**

**Errands**

**BM TYPE**

**Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday**

**Normal**

**Constipated**

**Diarrhea**

**MEAL PREP**

**Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday**

**Breakfast**

**Lunch**

**Dinner**

**MEDICATION TIME**

**Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday**

**Breakfast**

**Lunch**

**Dinner**

**RECORDING POSITIONING TIME**

**Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday**

**Days Ordered**

**URINE CHARACTERISTICS**

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**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

**Start Time**

**Finish Time**

**Total Number Of Hours Work**

**Today's Date**



Month Day Year

**Client Signature**

**Employee Signature**

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Submitting this time card acknowledges that you worked the hours approved and the client was not admitted to the hospital or nursing home during your work hours. It also acknowledges that you can be brought up on legal proceedings and/or immediate termination if it is found out that the client was in a hospital or nursing home during the hours/days you stated you worked. If you have any questions regarding this disclaimer or your client you can consult with your immediate supervisor.