



Nurses Plus Healthcare™

CAREGIVER NAME _____ DATE _____

CLIENT NAME _____

DAY	DATE	IN TIME	OUT TIME	BREAK	TOTAL TIME WORKED
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL FOR ALL DAYS WORKED (PROGRESS / DAILY NOTES MUST BE MADE FOR ALL DAYS WORKED)					

Check off all that apply below:

Personal Care	
Assist with Dressing	
Assist with Bed Bath	
Hair Care	
Incontinent Care	
Nail Hygiene Care (no cutting)	
Oral Care	
Parineal Care	
Shower / Tub	
Skin Care	
Shave (electric razor)	
Other:	

Household Management / Nutrition	
Bathroom	
Bedroom	
Kitchen	
Laundry	
Linen Change	
Living Room	
Shopping / Errands	
Assist with Feeding	
Meal Prep - Breakfast	
Meal Prep - Lunch	
Meal Prep - Dinner	
Other:	

Activity / Safety	
Ambulation w/ Walker	
Independent Ambulation	
Range of Motion	
Transfers - Hoyer	
Transfers - Stand Pivot	
Fall / Transfer Precautions	
Universal Precautions	
Water Temperature Precautions	
Other:	

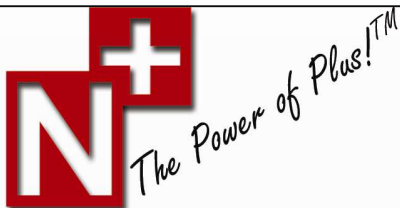
CAREGIVER SIGNATURE _____

DATE _____

CLIENT SIGNATURE _____

DATE _____

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www.Nurses-Plus.com

PROGRESS NOTES

CAREGIVER NAME _____

CLIENT NAME _____

DATE	PROGRESS NOTES	CAREGIVER INITIALS

MUST BE TURNED IN WITH HOMECARE TIME CARD TO BE PAID FOR TIME WORKED