

CAREGIVER'S NOTES & TIME RECORD

COMPANY NAME

222 Any Street
My City, ST 00000-0000
P: 000.000.0000
F: 000.000.0000

Client's Name:	Beth Gald
Address:	42 Edment Road
Client Number:	43692154

Date	Day	Time Started	Time Finished
5/5/2016	Monday	8:16am	2:15pm

MEDICAID ID#:	2763115
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Caregiver/Nurse:	Donald Smith
ID No:	437621

My signature certifies that I received service on the date as listed and that the times and services performed are accurate. I understand that if payment for this service will be from Federal and State funds, any false claims, statements, documents, or concealment of material may be prosecuted under applicable Federal and State laws.

My signature certifies that I provided service to the client on the date and time listed above, and this progress note is an accurate account of the care given and received.

Beth Gald

Donald Smith

Clients Signature

Employee/Caregiver Signature

5/5/2016

5/5/2016

Date

Date

PERSONAL - HYGIENE		HOUSEKEEPING		DIETARY NEEDS	
Mouth Care/Dentures	✓	Make Bed		Breakfast	
Shave Electric / Razor		Change Linen	✓	Lunch	✓
Assist With Dressing	✓	Clean Bedroom		Dinner	
Hair Care		Clean Bathroom		Snacks	
Shampoo		Clean Kitchen		Fluids	
Shower Bath	✓	Wash Dishes		MEDICAL NEEDS	
Bed Bath		Vacuum-Sweep-Mop		Medications Remind	✓
Sponge Bath		Dusting		Medications Dispensed	
Nail Care Clean File		Empty Trash	✓	Temperature	98.7
Skin Care Lotion	✓	Laundry		Pulse	75
Toilet - Dipper		OUTSIDE SERVICES		Respiration	65
Bedside Commode - Bed Pan		Escort Medical Appointment		Blood Pressure	120/70
Empty - Clean Commode		Shopping	✓	Change Dressing	
Empty - Drain Garbage		Errands		Assist Optometry Care	

MEDICAL STATUS

Has a change in patient's status occurred that requires reporting? Yes No

Provide brief description

Patient having trouble breathing

ENVIRONMENT STATUS

Has a change in patient's environment occurred that requires reporting? Yes No

Provide brief description

Have the nurse visit patient