

Wise Medical Staffing, Inc.

Client Name: _____ WE Date: _____

Aide Name: _____

Flow Sheet	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: Month/Day/Year							
Time In							
Time Out							
Total Hours							
HYGIENE							
Tub/Shower							
Bed Bath - Complete							
Bed Bath - Partial							
Skin Care							
Oral Care							
Shampoo/Set Hair							
Brush/Comb Hair							
Shave							
Assist with Dressing							
NUTRITION/FLUIDS							
Prepare Food							
Feed							
Encourage Fluids							
Limit Fluids							
ELIMINATION							
Assist to Bathroom							
Bed Side Commode							
Bedpan/Brief							
MOBILITY							
Ambulate/Walker/Cane							
Transfer Bed/Chair							
Wheelchair							
HOME							
Floor Care							
Dusting							
Laundry							
Kitchen (Dishes)							
Bathroom(s)							
Bedroom							
Grocery Shopping							

Client Signature _____ Date _____

Sun _____

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____

Aide Signature _____ Date _____

Sun _____

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____