# Wise Medical Staffing, Inc.

**Client Name:**

**Aide Name:**

## Flow Sheet

<table>
<thead>
<tr>
<th>Date: Month/Day/Year</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time In</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Out</td>
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</tr>
<tr>
<td><strong>Total Hours</strong></td>
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</tr>
</tbody>
</table>

### 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

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**Client Signature**

- Sun
- Mon
- Tues
- Wed
- Thurs
- Fri
- Sat

**Date**

- __________
- __________
- __________
- __________
- __________
- __________
- __________

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**Aide Signature**

- Sun
- Mon
- Tues
- Wed
- Thurs
- Fri
- Sat

**Date**

- __________
- __________
- __________
- __________
- __________
- __________
- __________

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*Notes can be made on Non Clinical Note Form*