



Client Name: _____ Week-ending date: _____

Caregiver: _____

Flow Sheet: Turn in original weekly for payroll.	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Date: Month/Day/Year							
Time In							
Time Out							
Total Hours							
PERSONAL CARE							
Tub/Shower							
Bed bath – Complete /Partial							
Skin Care							
Oral Care							
Shampoo/ Set Hair							
Brush / Comb Hair							
Shave							
Assist with Dressing							
RESPIRE/COMPANIONSHIP							
NUTRITION/FLUIDS							
Prepare food / Feed							
Encourage Fluids							
Limit Fluids							
ELIMINATION							
Assist to Bathroom							
Bed Side Commode							
Bedpan/Brief/ Empty U/C bag							
MOBILITY							
Ambulate/Walker/Cane							
Transfer bed/chair							
Wheelchair							
HOME MAKING							
Floor Care: Vacuum/ Mop							
Dusting / Straightening							
Laundry							
Trash removal							
Kitchen: dishes, surface areas							
Refrigerator, Stove/Oven							
Bathroom(s): tub, shower, toilet							
Bedroom / linens / make bed							
Inside Windows/ Mirrors							
Accompany client / Transport							
Purchase errand /Household errand							

Client Signature

Aide Signature

Sunday	_____	Date:	_____	_____	Date:	_____
Monday	_____	Date:	_____	_____	Date:	_____
Tuesday	_____	Date:	_____	_____	Date:	_____
Wednesday	_____	Date:	_____	_____	Date:	_____
Thursday	_____	Date:	_____	_____	Date:	_____
Friday	_____	Date:	_____	_____	Date:	_____
Saturday	_____	Date:	_____	_____	Date:	_____

Any Money transactions must be documented on a Money Handling Form.