

PCW Time Sheet

Client's Name: _____

United Extended Home Health Care Services
4466 County Road P Suite 204 Jackson, WI 53037

Travel Time

PCW: _____

Day	Date	From Where	Travel to Client			PCW Signature:
			Time Start	Time End	Total Miles	
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						

Shift:

AM

Year: _____

Weekly Total=

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Weekly Total
Date of Service								
Time of Service								
Dress/Undress- Upper/lower								
Teds Stocking								
Tub Bath								
Bed Bath								
Shower								
Comb/Brush/Shampoo								
Oral Care								
Preventive Skin Care								
Shaving								
Nail Care								
Glasses/Hearing Aid								
Ambulation (Walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting								
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove Splints/Braces								
Range of Motion Exercises								
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/ Change Linen								
Laundry								
Dust/ Clean								
Wash Dishes								
Safety Precaution								
Other:								
Change to Report	Y N	Y N	Y N	Y N	Y N	Y N	Y N	

Comments: _____

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