				PCW Tin	ne Sheet				
Client's No	ame:				ded Home Health				
			T	4466 County Ro	pad P Suite 204 J	ackson, WI 53037			
			Travel Time		PCW:				
Day	Date	From Where		Travel to Clie					
	_		Time Start	Time End	Total Miles	PCW Signature:			
Sun								-	
Mon						Shift:	AM	Year:	
Tues							A/V\]	
Wed									
Thur									
Fri						r.			
Sat									
			Weekly To	tal=					
		Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Weekly Total
Date o	of Service								
	f Service								
	s- Upper/lower								
Teds Stockin									
Tub Bath	9								
Bed Bath									
Shower									
Comb/Brush	/Shampoo								
Oral Care	,, 0.1.0.1.1.								
Preventive S	kin Care								
Shaving									
Nail Care									
Glasses/Hec	ıring Aid								
Ambulation	(Walking)								
Mech. Trans	fer/Hoyer								
Transfer									
Positioning									
Toileting									
Incontinent	Care								
Catheter Co	are								
Bowel Routi	ne								
Apply/Remov	e Splints/Braces								
Range of Mot	on Exercises								
Accompany t	o Medical Appt.								
Measure I a	nd O								
T, P, R, BP									
Meal Prep/F	eeding								
Make Bed/	Change Linen								
Laundry					ļ			ļ	
Dust/ Clean									
Wash Dishes									
Safety Preco	aution								
Other:				<u> </u>	ļ			ļ	
Change to F	Report	Y N	Y N	Y N	Y N	ΥN	Y N	Y N	
Comments:									
					Client Si	ignature:			

				PCW Tim	ne Sheet				
Client's Na	me:			United Extend	ed Home Health	n Care Services			
				4466 County Ro	ad P Suite 204 J	ackson, WI 53037			
			Travel Time		PCW:				
Day	Date	From Where	T	ravel to Clier	n†				
			Time Start	Time End	Total Miles	PCW Signature:			
Sun						_			
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			Weekly Tot	al=					
		Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Weekly Total
	f Service								
Time of	Service								
Dress/Undress-	- Upper/lower								
Teds Stocking	9								
Tub Bath									
Bed Bath									
Shower									
Comb/Brush/	'Shampoo								
Oral Care									
Preventive Sk	rin Care								
Shaving									
Nail Care									
Glasses/Hear									
Ambulation (
Mech. Transfe	er/Hoyer								
Transfer									
Positioning									
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Incontinent C									
Catheter Car									
Bowel Routin									
Apply/Remove									
Range of Motio									
Accompany to									
Measure I an	id O								
T, P, R, BP	15								
Meal Prep/Fe									
Make Bed/ C	nange Linen								
Laundry									
Dust/ Clean									
Wash Dishes	ution								
Safety Preca	ulion								
Other:	oport	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	
Change to R	σμοιι	1 11	I IN	1 14	1 14	1 11	i IN	1 14	
Comments:									

Client Signature: