Home Healthcare Log

Client Name	Employee Name

Check or "X" the box for each item performed on the appropriate day.

Duties Performed	S	M	T	W	TH	F	SA
Laundry							
Housekeeping							
Dusting/Vacuuming							
Cooking							
Bathing/Showering							
Grooming							
TOTAL HOURS EACH DAY							
TOTAL HOURS FOR THE WEEK							

Client Signature: _____   **Date:** _____

Employee Signature: _____   **Date:** _____