

**REGISTERED NURSES CARE LTD**  
 914 EASTWIND DR  
 WESTERVILLE OH 43081  
 TEL:(614)895-3358 FAX(614)895-3450

Patient Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

AM Shift (Mark with an X all tasks completed during this shift)

DAY	DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	EMPLOYEE SIGNATURE
Sun				Date: / /	Date: / /
Mon				Date: / /	Date: / /
Tue				Date: / /	Date: / /
Wed				Date: / /	Date: / /
Thu				Date: / /	Date: / /
Fri				Date: / /	Date: / /
Sat				Date: / /	Date: / /

PM Shift (Mark with a / all tasks completed during this shift)

DAY	DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	EMPLOYEE SIGNATURE
Sun				Date: / /	Date: / /
Mon				Date: / /	Date: / /
Tue				Date: / /	Date: / /
Wed				Date: / /	Date: / /
Thu				Date: / /	Date: / /
Fri				Date: / /	Date: / /
Sat				Date: / /	Date: / /

TOTAL HOUR: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

SERVICES	S	M	T	W	T	F	S	SERVICES	S	M	T	W	T	F	S
<b>BATH</b>								<b>ACTIVITY</b>							
Tub/Shower								Exercise per PT/OT							
Bed Bath- Partial/Complete								Assist with Mobility Chair/bed/Dangle/ Commode/Shower/tub							
Assist Bath-Chair								Position-Encourage Assist every ___ hours							
<b>HYGIENE/GROOMING</b>								Assist with Ambulation Walker/Cane/(W/C)							
Personal Care								ROM Active/Passive Arm R/L Leg R/L							
Assist with dressing								<b>NUTRITION</b>							
Hair Care								Meal Preparation							
Shampoo								Assist with Feeding							
Skin Care								Encourage Fluids							
Foot Care								Grocery Shopping							
Check Pressure Areas								Other (specify):							
Nail Care								<b>OTHER</b>							
Oral Care								Light Housekeeping (General Patient Area)							
Clean Dentures								Equipment Care							
<b>PROCEDURES</b>								Change Bed Linen							
Assist with Elimination															
Catheter Care															
Ostomy Care															
Inspect/Reinforce dressing															
Medication Reminder															
COMMENTS:															

Client's Signature/Date: \_\_\_\_\_ / /

HHA Signature/Date: \_\_\_\_\_ / /

NOTE: This is a legal document and your signature verifies the work has been done. Form must be signed by client and staff. USE OF WHITEOUT TO CORRECT TIMESHEET IS NOT ALLOWED. TIMESHEETS ARE DUE IN THE OFFICE EVERY MONDAY BY 12:00 NOON.