

APremium Healthcare Solution, LLC

Client Service Report Form

SOURCE: 3XWEEKX2HRS

KNIGHT,ALICE

Employee Name:

Month:	Dates:														
DAYS OF SERVICE		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
Personal Care Tasks: bathing (tub/shower/bed/towel); PRN															
Grooming: skin-care; mouth care; dressing; toileting Bladder/Bowel Incontinence; feeding; PRN															
Nutrition: Meal preparation; grocery shopping PRN															
Housekeeping tasks: clean (bathroom, bedroom change linens; living room, kitchen-wash dishes used by client); laundry; PRN															
Sweep; mop; dust; vacuum (client area); PRN															
Companion Sitter: socializing & providing watchful supervision ;PRN															
Medication: Medication reminder; Accompany to Dr. Appointment.															
Ambulating & Transfer assistance: PRN															
Arrival Time															
Departure Time															
TOTAL HRS Worked															
CLIENT'S INITIAL															
Notes: (Document & Report unusual findings to RN/office immediately)															

Diagnosis: COPD,CHF,DM,ASTHMA

Clients Signature: _____ Date: _____ PSS Supervisor's Signature: _____

Employee Signature: _____ Phone: _____ FAX: 478-743-4272 OFFICE 478-745-8790

HIGH FAIL RISK , OXYGEN USE, FIRE SAFETY

To avoid any delay in payments please PRINT and COMPLETE all information requested.