



## CLIENT CARE RECORD

PC I \_\_ PC II \_\_ Homemaker \_\_ Companion \_\_ HASCI \_\_ Other \_\_\_\_\_

**Client:** \_\_\_\_\_ **CLTC#:** \_\_\_\_\_ **Worker ID #:** \_\_\_\_\_

BEGIN WEEK: / /	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>PERSONAL CARE</b>							
Assist Oral Hygiene							
Assist with Hair Care							
Assist with Dressing							
Assist with Bathing							
Assist with Skin Care							
Other:							
<b>NUTRITION</b>							
Prepare Breakfast							
Prepare Lunch							
Prepare Dinner							
Prepare Snack							
Meal Set-Up							
<b>ACTIVITIES</b>							
Ambulation for Leisure/ Exercise							
Transfer to Bed/ Chair							
Turn and Reposition							
ROM Exercises							
<b>COMPANION</b>							
Stimulating Conversation							
Medication Reminders							
Read to Client							
Participate in Crafts/Games							
Outing for Leisure							
Escort to Appointment/Errands							
<b>HOMEMAKING</b>							
Laundry							
Clean Kitchen/ Bathroom							
Light Housework							
Make Bed /Change Linen							
Participant/RP Initials							

\*\*\*RECORD INITIALS WHEN TASKS ARE COMPLETED \*\*\* CALL AGENCY WITH ANY QUESTIONS (803) 810-2060

DAY	CAREGIVER NAME/ INITIALS	TIME IN/ OUT
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CLTC Participants--Do Not Sign  
 DDSN MR/RD Participants-- Sign and Initial Daily