

Care Plus Home Health, Inc.
 19390 Montgomery Village Ave
 Montgomery Village, MD 20886
(301) 740-8870 Fax (301) 740-8871

**Patient Care Report (PCR)
 and Timesheet**

Week Ending Sunday: _____

Caregiver: Please complete both sides of this form every week to document the care that is given to the client as well as your hours worked.

Client Name _____ Claim# _____ Policy# _____

Caregiver Name _____

Caregiver is a: CNA, LPN, RN
 Home Health Aide, Companion

Certificate No. _____

Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Time Out	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Daily Hours Worked							
TOTAL HOURS FOR WEEK	→	→	→	→	→	→	

Please check any Assistance with Activities of Daily Living (ADLs) you give to client.

Personal Care:							
Bath – (Circle One): Tub Bed Sink							
Shower							
Shampoo Hair							
Shave Client							
Mouth Care							
Dressing Assistance							
Eating:							
Set up meal							
Feed Client							
Toileting:							
Urinal/Bedpan							
Transfer to toilet or commode							
Diaper							
Foley Catheter/Ostomy Care							
Activity:							
Walks without help							
Uses cane/walker/crutches							
Needs hands on help w/walking							
Bed rest - not out of bed							
Assistance to chair or wheelchair							
Special Treatments - What?							

Please check any Assistance with Instrumental Activities of Daily Living (IADLs) you give to client.

Meals:							
Prepare or serve meal							
Grocery Shopping							
Cleaning							
Laundry							
Transportation (where?)							
Companion Time (Talk, Read, Visit)							
Errands (where?)							
Hours out of home							

Please turn page over and continue on reverse side.

Client Name _____

Patient Care Report (PCR) (Page 2)

Caregiver name _____

Notes must be written each shift. Things to include:

- Describe client's physical, mental & emotional condition upon arrival. Any changes?
- Document client's food intake
- Document medications taken. Any missed doses?
- Special Wound care or treatments?
- Special skin care required or given?
- Any problems with toileting?

Monday Date: ___/___/___	_____ _____ _____
Tuesday Date: ___/___/___	_____ _____ _____
Wednesday Date: ___/___/___	_____ _____ _____
Thursday Date: ___/___/___	_____ _____ _____
Friday Date: ___/___/___	_____ _____ _____
Saturday Date: ___/___/___	_____ _____ _____
Sunday Date: ___/___/___	_____ _____ _____

Client Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____