

TLC Nursing Services, Inc.
 41 Shadetree Lane
 Levittown, PA 19055
 Phone: 215-547-6202 Fax: 215-547-3094

Employee Name:

Client Name:

Type of Service: HAB:

Companion:

<u>Hygiene</u>	Sun	M	T	W	TH	F	Sat	<u>Housekeeping</u>	Sun	M	T	W	Th	F	Sat
Bed Bath/Tub Bath								Make Bed							
Shower								Change Linens							
Shampoo								Tub/Shower/Toilet							
Comb/Set Hair								Dishes							
Skin Care								Meal Prep /Serve							
Oral Hygiene								Vacuum/Dust							
Denture Care								Sweep/Mop Floors							
Shave								Empty Trash							
Assist to Dress								Laundry							
Nail Care								Grocery Shopping							
<u>Ambulate</u>								Errands							
Independent								Transportation							
Devices								Maintain a clean & safe environment							
Transfers															
Turn & Position								Med. Reminders							
Assist w/ Exercise								Temp Readings	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<u>Toileting</u>							Client:								
Bathroom Assist							Caregiver:								
Commode Assist															
Colostomy Care															

Instructions:

- 1) Top section of form must be filled out.
- 2) All areas must be filled out with a check mark (X) for services provided as directed in the Care Plan.
- 3) Remember to describe client's condition, not a diagnosis in the "notes" section.

NOTES (description of service rendered):

DATE: _____

Employee Agreement: I understand that my paycheck will be delayed if your time sheet and/or progress notes are incomplete or not handed in by 12:00pm (noon) on Monday following week ending date. My Typed Employee Signature is proof of my acknowledgment of these Progress Notes. Due to COVID-19 policies, I also acknowledge that the temperatures listed above were taken and are accurate, and that I have experienced no COVID-19 symptoms as listed in the company's COVID-19 Policy.

Employee Signature

Title

Weekly Service Dates

TLC Nursing Services - 41 Shadetree Lane, Levittown, PA 19055

NOTES (description of service rendered): DATE: _____

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