

APremium Healthcare Solution, LLC

Client Service Report Form

Source- 5x wk @ 2.5hrs AM & 5.5hrs PM

Jamal Ali - 678-754-5774

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, or bed bath);															
Grooming:dressing; feeding, skin care, mouth care,															
Nutrition: Meal preparation;															
Housekeeping tasks: clean (bathroom, bedroom change linens; living room, kitchen-wash dishes used by client);															
Sweep; mop; dust; vacuum (client area); errands															
Companion Sitter: socializing & providing watchful supervision;															
Ambulating & Transfer assistance: w/c; hoier lift															
Arrival Time															
Departure Time															
TOTAL HRS Worked															
CLIENT'S INITIAL															

Notes: (Document & Report unusual findings to RN/office immediately)

Diagnosis: Duchenne Muscular Dystrophy; Fall Risk = 7!!! Watchful supervision required.

Clients Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PSS Supervisor's Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: 678-964-2217 & phone: 678-964-2037

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