

APremium Healthcare Solution, LLC

Client Service Record Form

CCSP-3xwk @ 2hrs Mon. Wed. Fri.

Clarence A Allen-770-784-1037

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); grooming mouth/denure care; skincare															
grooming; dressing; toileting; shampoo															
Arranging Medically related tasks: medication pick-up															
Housekeeping tasks: vacuuming; dusting; mopping; laundry; linens															
Assisting Ambulation and transfer: mobility; walking; transfer; exercise															
Nutrition: preparing meals/clean up; encourage nutrition, Grocery shopping															
Arrival Time															
Departure Time															
TOTAL HRS Worked															
CLIENT'S INITIAL															

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

Diagnosis: Dementia; High Fall Risk: Low salt diet.

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.