

APremium Healthcare Solution, LLC

Client Service Report Form

Source- 2xwk @6hrs (10a-4p) Mon. & Thurs// Code access to door entry = 101

Rose Marie Alvarado - 404-870-0740

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- M W F);															
Grooming:dressing; feeding;															
Nutrition: Meal preparation; grocery shopping; low salt															
Housekeeping tasks: clean (bathroom, bedroom change linens; living room, kitchen-wash dishes used by client); laundry															
Sweep; mop; dust; vacuum (client area); errands															
Companion Sitter: socializing & providing watchful supervision;															
Medication: Medication pick up; accompany to Dr. Appt.; medication reminder															
Ambulating & Transfer assistance: w/c															
Arrival Time															
Departure Time															
TOTAL HRS Worked															
CLIENT'S INITIAL															
Notes: (Document & Report unusual findings to RN/office immediately)															

Diagnosis: OA, CAD, HTN, GERD, HYPOTHYROIDISM, Morbid Obesity; Fall Risk = 9!!! 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.