



CLIENT NAME:

1. ENSURE Client signs weekly and initials daily
2. ALWAYS Use AM/PM indicators

WEEK BEGIN
WEEK END

AllCare, LLC WEEKLY CLIENT VISIT RECORD				TIME IN	TIME OUT	CLIENT INITIALS	HRS
DAY	DATE	CAREGIVER NAME	CAREGIVER SIGNATURE				
SUN							
SUN							
SUN							
MON							
MON							
MON							
TUE							
TUE							
TUE							
WED							
WED							
WED							
THU							
THU							
THU							
FRI							
FRI							
FRI							
SAT							
SAT							
SAT							

To call and clock in / clock out:
 Dial 1-844-383-1678
 Provider Id: 2773
 You will be prompted to enter your IVR Pin. Contact the office if you are not sure what your IVR Pin is
 You will need to enter your 8 digit password that you created.
 Listen and follow all prompts.
 REMEMBER YOU MUST CALL FROM YOUR CLIENT'S PHONE TO CLOCK IN OR OUT

PERSONAL CARE	S	M	T	W	T	F	S	HOMEMAKER TASK	S	M	T	W	T	F	S
Bathing (Bed/Tub/Shower)								Sweep							
Hair Care (Shampoo/Comb)								Mop							
Skin Care Observation								Vacuum							
Skin Care / Lotion								Dust							
Foot Soak / Lotion								Empty Trash							
Teeth / Denture Care								Clean Client's Room							
Nail Care								Change Linens							
Assit w/ Shaving								Clean Bathroom							
Dressing Assistance								Clean Tub							
Meal Preperation								Clean Sink							
Assist w/ Feeding								Clean Toilet							
TOILETING	S	M	T	W	T	F	S	Wash Floor Rugs							
Assist Toileting								Clean Kitchen							
Change Pad								Wash Dishes							
Change Pull-Up								Clean Laundry Room							
Assist w/ Bedpan								Laundry							
TRANSFER/AMBULATION	S	M	T	W	T	F	S	Hang/Fold Clothing							
Assist Amulation & Transfers								OTHER	S	M	T	W	T	F	S
Ambulate w/Cane								Service Animal Care							
Ambulate w/Walker								Approved Errands							
Transfers/Ambulate (walking)								Activity Exercise							
Turning Assistance in Bed								Community Escort							
Assist w/ Balance								MEDICATION ASSISTANCE	S	M	T	W	T	F	S
Hoyer Lift								Medication Reminders							
Position/Apply Assist Device								Medication Assistance							
Assist w/Braces/Prosthesis															

MUST be signed by Client or Client's POA

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