

PERSONAL ASSISTANT DAILY CHARTING SHEET



CLIENT NAME: _____

EMPLOYEE NAME: _____

WEEK ENDING DATE (**FRIDAY**): _____

Day	Date	Arrival Time	Time Finished	Errand Miles	Client Initials											
Saturday																
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
	Sa	Su	M	Tu	W	Th	F		Sa	Su	M	Tu	W	Th	F	
Telephony								Hoyer Lift								
Univ. Prec. Inf. Control Followed								Slide Board								
Med Reminder								Turn & Position In Bed								
Complete Bed Bath								Range of Motion Exercise								
Shower								Purchase Food/Shopping								
Shampoo								Prepare/Serve Meals								
Shave								Assist/Feed Client								
Skin Care/Body Lotion								Clean Kitchen								
Pericare								Clean Bathroom								
Nail Care (Do Not Cut)								Dust								
Oral Hygiene								Vacuum								
Dress								Make Bed								
Assist With Toileting								Change Linen								
Bowel Movement								Do Laundry								
Ambulate w/o Aide Assist								Socialization Activities								
Ambulate w/ Aide Assist								Take to Appointment								
Walker								Live In: 3 x 30 Min Breaks (Initial At End of Each Shift)								
Cane								Live In: 5 Hrs Unint. Sleep (Initial At End of Each Shift)								
Wheelchair								Housekeeping (Initial At End of Each Shift)								

Housekeeping Guidelines:

1 Hour: 12 Min	3 Hours: 36 Min	5 Hours: 60 Min	7 Hours: 1 Hr 24 Min	9 Hours: 1 Hr 48 Min	11 Hours: 2 Hr 12 Min
2 Hours: 24 Min	4 Hours: 48 Min	6 Hours: 1 Hr 12 Min	8 Hours: 1 Hr 36 Min	10 Hours: 2 Hrs	12 Hours: 2 Hr 24 Min

