## 30211514

## **Weekly Work Log**

1001 W CYPRESS CREEK RD, SUITE 400H FT. LAUDERDALE, FL 33309

PH: (954) 765-6534 FAX: (954) 477-8376

Patient N Patient A Caregiver Caregiver		Week Ending:							(Monday Date Only)				
	Position:	RN		LPN	N	CNA		ННА		Compar	nion/Sitter/Home Maker		
Servio	es Performed:	MON	TUE	WED	THUR	FRI	SAT	SUN	Careg	iver Wee	kly Notes:		
Bathing													
Dressing													
Ambulating	•												
Transferring	g												
Toileting													
Incontinent													
Feeding													
Skin Care													
Oral Hygien	ie												
Shave													
Hair Care													
Range of M	otion Assistance												
Change Bed Linen									Δs as	greed I (	(Patient/Client) contracted with the above		
Repositioning									1	regiver and whom I certify performed all services noted ove satisfactorily and I agree to pay Brighter Days as signee for Caregiver for the hours approved below. I derstand that if services were not performed as quested, I should not sign and should call Brighter Days mediately. *** Work logs submitted without the checking ADL's actually performed, and required by the insurance mpany, may result in the Patient/Client being billed			
Grocery Shopping													
Laundry									_				
Light House-Keeping													
Medication Reminder Include Time(s)		2							of AD				
Observe An	y Changes								direct	tly.			
Accompany	to Appointments										***IMPORTANT***		
Prepare Meals									Work	log must be signed daily by the Patient/Client, weekly			
Assist with Ostomy Care										e Caregiver and submitted to the office by 5:00 PM			
Record Vital Signs										rery Monday immediately following the end of each work eek. Failure to timely submit worklogs will result in a delay Caregiver payment until next pay period.  * Complete in <b>Black Ink</b> pen ONLY ***			
Intake													
Output									1				
Weight										Julipiece	Didde fine peri Offici		
DAY	DATE	TIME STAI	RTED	DA	TE.	TIME	FINISHE	D T	ΓΟΤΑL H	IOURS	PATIENT/CLIENT'S SIGNATURE		
MON			A A 4/DA 4				A B 4 /	214					

DAY	DATE	TIME STARTED	DATE	TIME FINISHED	TOTAL HOURS	PATIENT/CLIENT'S SIGNATURE
MON		AM/PM		AM/PM		
TUE		AM/PM		AM/PM		
WED		AM/PM		AM/PM		
THUR		AM/PM		AM/PM		
FRI		AM/PM		AM/PM		
SAT		AM/PM		AM/PM		
SUN		AM/PM		AM/PM		