

PCA Activity Sheet

(All documentation must be com

Consumer Name:				Provider Name:					
Day	Date	Time (am/pm)		Consumer's Signature					Provider's
		In	Out						
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Response to Ca
Tub/Shower									Monday:
Assist to Dress									
Oral Hygiene									
Shampoo Hair									Tuesday:
Comb Hair									
Foot Care									
Nail Care									Wednesday:
Exercises									
Transfers									
Change Bedding									Thursday:
Make Bed									
Laundry									
Meal Prep									Friday:
Kitchen Cleaning									
Bathroom Cleaning									
Vacuum/Dust									Saturday:
Groceries/errand									
Transfers									
School transport									Sunday:
DR Appointment									
Please note time spent on each task in above boxes by number of units = 15 minute periods									
TEAM COMMUNICATION									

Completed before billing)

Signature

re Observations