

PCA Activity Sheet

This form is being used to document the:

__ 1st visit of the day	__ 3rd visit of the day
__ 2nd visit of the day	__ there is only one visit/day

Consumer Name:	Provider Name:
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Day	Date	Time (am/pm)		Consumer's Signature					Provider's Signature				
		In	Out										
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													

	Mon. Tues. Wed. Thurs. Fri. Sat. Sun.							Response to Care Observations					
	Tub/Shower								Monday:				
Assist to Dress													
Oral Hygiene								Tuesday:					
Shampoo Hair													
Comb Hair													
Foot Care								Wednesday:					
Nail Care													
Exercises													
Transfers								Thursday:					
Change Bedding													
Make Bed													
Laundry								Friday:					
Meal Prep													
Kitchen Cleaning													
Bathroom Cleaning								Saturday:					
Vacuum/Dust													
Groceries/errand													
Transfers								Sunday:					
School transport													
DR Appointment													

Please note time spent on each task in above boxes

TEAM COMMUNICATION