



CAUGAN WELLSPRING INC.

“Providing Home Care Wellness”, P.O. Box 2169, Douglasville, GA 30135, Tel: 404 789 6882

Caugan Wellspring Time Sheet

Client Service Delivery Form

Employee’s Name: _____ Week beginning: _____

Client’s Name: _____

Date of services							
Days of services	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>Specific tasks performed</i>							
Personal care tasks :							
Bathing (tub/shower/bed)							
Mouth /denture care							
Grooming /shampooing hair							
Nail filing							
Assisting with dressing							
Assisting with toileting /elimination							
Other:							
Medically related Tasks:							
Observing / reporting changes in client condition							
Arranging medical trips							
Picking up prescriptions							
Accompanying client on medical appointments							
Reminding client to take medications							
Other:							
Housekeeping tasks							
Vacuuming							
Sweeping							
Dusting							
Mopping							
Laundry							
Changing Linens							
Other:							
Ambulation / transfer							
Assisting with transfers							
Assisting with walking							
Encouraging physical activities							
Assisting with simple exercise							
Other:							
Home Management							
Grocery shopping							
Assisting with bill payment							
Other:							

