FHS SENIORCARE PAYMENT SOLUTIONS®

325 Sentry Parkway, Bldg 5 East, Suite 160,
Blue Bell, PA 19422

PROFESSIONAL CAREGIVER ACTIVITY RECORD

☐ Caregiver has Direct Deposit	Client Name
Caregiver Name, Title	SSN/EIN#:
Caregiver Address [New Caregiver or Change Only]	Caregiver Phone #

Shift Types

- Hourly = HR
- Overnight = ON
- 24 Hours w/Sleep = 24
- Live-in = LI
- Holiday = HOL

Total Hours Worked: Subtract Meal Time, Off Duty Time, & Sleep Time from the total time of shift (Time Out - Time In)

Please submit by Noon EST on Tuesday to:

activitylogs@fhsbillings.com

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date →							
Shift Type →							
Time In →							
Time Out →							
Meal Time (Hrs) →							
Off Duty Time (Hrs) →							
Sleep Time (Hrs) →							
Total Hours Worked (Regular) →							
Total Hours Worked (Overtime) →							

Section	Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
PERSONAL CARE	**Bathing,** ***check:***							
	☐ Bed ☐ Tub ☐ Shower ☐ Sponge							
	☐ Self ☐ Partial Assist ☐ Full Assist ☐ Supervise							
	Electric Shave							
	Shampoo; Comb/Brush Hair							
	Oral/Teeth/Mouth Care							
	Clean Nails: ☐ Feet ☐ Hands							
	General Skin Care							
	Perineal Care							
	Assist with Clothing/Dressing							
NUTRITION	Prepare & Serve, *check:*							
	☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snack							
	Limit Fluids/Encourage Fluids							
	Assist with Eating							
	Record Liquid Intake							
	Record Food Intake							
ELIMINATION	**Assist, check: ☐ To Bathroom**							
	☐ With Bedpan ☐ To Commode							
	☐ With Urinal ☐ Condom Catheter							
	Urinary Catheter Care & Drainage							
	Assist with Ostomy: ☐ Empty ☐ Care							
	Incontinence: ☐ Urine ☐ Bowel							
	Adult Brief Change							
	Awaken at Night for Toileting							
	Record Urinary Output							
	Record Bowel Function							
OTHER ACTIVITIES / SERVICES	Self-Admin Meds: ☐ Assist ☐ Prompt							
	Turn, reposition every 2 hours							
	Pad, prop, position, protect skin							
	Side Rails							
	Light Housekeeping, *check:*							
	☐ Kitchen ☐ Client Bedroom							
	☐ Client Bathroom ☐ Dayroom							
	Wash Client Clothing, Bed Linens							
	☐ Make Bed ☐ Change Bed							
	☐ Shopping ☐ Errands							
	Transportation	miles	miles	miles	miles	miles	miles	miles
	Safety Supervision							
	Independence Support							
	Orientation Reminders							
	Active Range-Of-Motion Exercises:							
	☐ Right ☐ Left ☐ Arm ☐ Leg							
	☐ Supervise or ☐ Assist with:							
	☐ Walk ☐ Sit ☐ Stand ☐ Transfer							

Client Signature

Caregiver Signature