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

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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) →							
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