

3003 43RD STREET#106 NW

ROCHESTER, MN 55901

PH. (507) 289-0338

FAX: (507) 289-7484

EXCELLENT CARE SERVICES

RN/LPN TIME AND ACTIVITY DOCUMENTATION

CLIENT NAME(First,MI,Last)	MA ID #OR BIRTH DATE	RN/LPN NAME(First,MI,Last)
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Please make sure you fill out time card accurately.

DATES OF SERVICE		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
VISIT ONE	Staff to Client Ratio(Circle One)	Single	Shared	Single	Shared	Single	Shared	Single	Shared	Single	Share	Single	Shared	Single	Shared
	Shared care location														
	TIME IN		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
	TIME OUT		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
VISIT TWO	Staff to Client Ratio(Circle One)	Single	Shared	Single	Shared	Single	Shared	Single	Shared	Single	Share	Single	Shared	Single	Shared
	Shared care location														
	TIME IN		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
	TIME OUT		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
VISIT THREE	Staff to Client Ratio(Circle One)	Single	Shared	Single	Shared	Single	Shared	Single	Shared	Single	Share	Single	Shared	Single	Shared
	Shared care location														
	TIME IN		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
	TIME OUT		AM		AM		AM		AM		AM		AM		AM
	(CircleAM/PM)		PM		PM		PM		PM		PM		PM		PM
NOTE	SEE NURSE PROGRESS NOTE AND NURSE CHARTING SHEET														
DAILY TOTAL HOURS															
TOTAL HOURS FOR WEEK		TOTAL HOURS -Single Client								TOTAL HOURS-Shared Client(If Approved)					

Client signature: _____

RN / LPN Signature : _____