1st Nurse Registry
2215 N. Military Trail, Suite O, West Palm Beach, FL 33409
Phone: (561) 948-2010 Fax: (561) 948-2012
Email: office@1stnurseregistry.com

Homemaker/Companion Note

| | MON | TUE | WED | THUR | FRI | SAT | SUN |
|------------------------|-------|-----|-----|------|-----|-----|---|
| Date | | | | | | | |
| Time In: | | | | | | | |
| Time Out: | | | | | | | |
| Client/Patient | | | | | | | |
| Initials: | | | | | | | |
| Cleaning/Housekeeping | | | | | | | |
| Sweep Floor | | | | | | | |
| Vacuum | | | | | | | |
| Empty Trash | | | | | | | |
| Clean Bedroom | | | | | | | |
| Change Bed Lines | | | | | | | |
| Pick-Up/Organize | | | | | | | |
| Clean Kitchen | | | | | | | |
| Wash/Dry Dishes | | | | | | | *************************************** |
| Clean Stove | | | | | | | |
| Clean Refrigerator | | | | | | | |
| Clean Counters | | | | | | | |
| Wash Floors | | | | | | | |
| Clean Bathroom | | | | | | | |
| Scour Sink/Tub/Shower | | | | | | | |
| Clean/Disinfect Toilet | | | | | | | |
| Clean Floors | | | | | | | |
| Laundry(Wash/Dry/Fold) | | | | | | | |
| Activities/Outings | 10-50 | | | | | | |
| Errands | | | | | | | |
| Accompany to Medical | | | | | | | |
| Accompany to Social | | | | | | | |
| Outing | | | | | | | |
| Walk with Patient | | | | | | | |
| Food/Nutrition | | | | | | | |
| Food Shopping | | | | | | | |
| Meal Preparation/Serve | | | | | | | |
| Breakfast % Eaten | % | % | % | % | % | % | % |
| Lunch % Eaten | % | % | % | % | % | % | % |
| Dinner% Eaten | % | % | % | % | % | % | % |

| Observe/Urge I | Bathing | | | | | | |
|---|---------|-----------|---|----------------|---------------|--------------|----------------|
| Medication ren | ninder | | | | | | |
| Date | Care | giver Com | ments | | | | |
| | | | | | | | |
| | | | *************************************** | | | | |
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| | | | | | | | |
| | | | * | 100 | | | 4 |
| | | | | | | | |
| Caregiver Signatu | re: | | | - | | | |
| Print Name: | | | | | | | |
| Patient/Designee: I co a satisfactory manner | | | | rked the times | indicated and | the work was | s performed in |
| Patient/Client Signatu | ıre: | | | | | | |
| Print Name: | | | | | | | |