

PCA Time and Activity Documentation



Email / Prohealthts@Gmail.com (FAX: 763-746-8154)

WEEK 1	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK 2	MON	TUE	WED	THU	FRI	SAT	SUN
Mo/Day/Yr	04/09/18	04/10/18	04/11/18	04/12/18	04/13/18	04/14/18	04/15/18	Mo/Day/Yr	04/16/18	04/17/18	04/18/18	04/19/18	04/20/18	04/21/18	04/22/18
TIME IN	am pm	am pm	am pm	am pm	am pm	am pm	am pm	TIME IN	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TIME OUT	am pm	am pm	am pm	am pm	am pm	am pm	am pm	TIME OUT	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TIME IN	am pm	am pm	am pm	am pm	am pm	am pm	am pm	TIME IN	am pm	am pm	am pm	am pm	am pm	am pm	am pm
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Transfers								Transfers							
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Health-Rel.								Health-Rei.							
Behavior								Behavior							
IADL's (Only recipients Age 18+								IADL's (Only recipients Age 18+							
Light Hskping								Light Hskping							
Laundry								Laundry							
Other								Other							

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