

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	10/08/18	10/09/18	10/10/18	10/11/18	10/12/18	10/13/18	10/14/18	Mo/Day/Yr	10/15/18	10/16/18	10/17/18	10/18/18	10/19/18	10/20/18	10/21/18
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	pm	pm	pm	pm	pm	pm	pm	TIME OUT	pm	pm	pm	pm	pm	pm	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
TIME OUT	pm	pm	pm	pm	pm	pm	pm	TIME OUT	pm	pm	pm	pm	pm	pm	pm
T,D, Hrs:								T, D, Hrs:							
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Grooming							Grooming								
Bathing							Bathing								
Eating							Eating								
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								

Acknowledgment and Required Signatures

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Please use standard 12 hr time and circle AM or PM.

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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
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