

# Radcliffe Nursing Service, LLC

## Care Provider Care Log

4723 W Atlantic Ave Suite A-9  
 Delray Beach, FL 33445  
 Tel: (561) 404-0651

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 Fax 2: (561) 332-3946  
 Email: worklog@radcliffenursing.com

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Week Starting: Sun \_\_\_\_\_

Ending: Sat \_\_\_\_\_

Position:  RN  LPN  CNA  HHA  Companion/Sitter/Home Maker

Services Performed	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Bathing							
Dressing							
Ambulating							
Transferring							
Toileting							
Incontinent							
Feeding							
Skin Care							
Oral Hygiene							
Shave							
Hair Care							
Range of Motion Assistance							
Change Bed Linen							
Repositioning							
Grocery Shopping							
Laundry							
Light House Keeping							
Meds Reminder / Times							
Observe Any Changes							
Accompany to Appointments							
Prepare Meals							
Assist with Ostomy Care							
Record Vital Signs							
Intake							
Output							
Weight							

As agreed, I (Patient/Client) contracted with the above Caregiver and whom I certify performed all services noted above satisfactorily and I agree to pay Radcliffe Nursing as assignee for Caregiver for the hours approved below. I understand that if services were not performed as requested, I should not sign and should call Radcliffe Nursing immediately. \*\*\* Work logs submitted without the checking of ADL's actually performed, and required by the insurance company, may result in the Patient/Client being billed directly.

Date	Time Start	Time Done	Total Hrs	Patient / Client Signature
Sun				
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				

\*\*\* Work log must be signed daily by the Patient/Client, weekly by the Caregiver and submitted to the office by 9:00 AM every Monday immediately following the end of each work week. Failure to timely submit worklogs will result in a delay of Caregiver payment until next pay period.

\*\*\* Complete in Black Ink pen ONLY \*\*\*