



COMPANION ACTIVITY SHEET

CLIENT NAME <i>last, first</i>	COMPANION
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ACTIVITY SHEET MUST REACH OUR OFFICE BY 1PM ON TUESDAY FOR PROCESSING.
TOWNE HOME CARE, LLC. - 290 CEDAR BRIDGE AVENUE LAKEWOOD, NJ 08701 - FAX 732-363-3344

	SUN	MON	TUE	WED	THURS	FRI	SAT
DATE							
TIME STARTED							
TIME ENDED							
TOTAL DAILY HOURS							
ERRAND MILES							
CLIENT SIGNATURE <i>Please verify information before signing.</i>							TOTAL WEEKLY HOURS
COMPANION SIGNATURE							DATE

DAILY ACTIVITIES	SUN	MON	TUE	WED	THURS	FRI	SAT
1. DIET A. Fluids B. Encourage C. Restrict D. Regular E. Low Salt F. Low fat G. Diabetic H. Other	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D	A B C D
	E F G H	E F G H	E F G H	E F G H	E F G H	E F G H	E F G H
2. MEAL PREP A. Breakfast B. Lunch C. Dinner D. Cut E. Supervise	A B C	A B C	A B C	A B C	A B C	A B C	A B C
	D E	D E	D E	D E	D E	D E	D E
3. MEDICATIONS Remind Medications							
4. LIGHT HOUSEKEEPING A. Bedroom B. Bathroom C. Kitchen	A B C	A B C	A B C	A B C	A B C	A B C	A B C
5. A. Make Bed B. Linen Change C. Laundry	A B C	A B C	A B C	A B C	A B C	A B C	A B C
6. SHOPPING							
7. OTHER DUTIES:							
8. OTHER DUTIES:							