DOCUMENTATION FOR SERVICES PROVIDED: PROCEDURE CODE- 00001 & S5136, Family Home Care & Family Personal Care (Daily Rate)

EXAMPLE ONLY – NOT FOR USE

Client Name: Doe, John **Client ID:** ND0000000 **Provider:** Doe, Jane **Provider #:** 0000000

MM/DD/YYYY of Service: 01/01/0000 **Service Location:** 123 Street Name, City, State, Zip Code

Time In: 8:00 a.m. **Time Out:** 3:00 p.m. **Total Units:** 1

☐ **00001 – Family Home Care**
☒ **S5136 – Family Personal Care**

CHECK TASKS PROVIDED:

☒ APNEA MONITOR	☒ FEEDING	☒ MEDICATION	☐ SKIN
☐ BATHING	☐ FINGERNAIL	☐ MOBILITY INSIDE	☐ SUPPOSITORY
☐ CATHETER	☐ HAIR/SHAVING	☐ MOBILITY OUTSIDE	☐ TED SOCKS
☐ COGNITIVE SUPERVISION	☐ HOYER LIFT	☐ OSTOMY	☐ TEETH/MOUTH/DENTURE
☐ DRESSING	☐ INCONTINENCE	☐ POSTURAL/BRONCHIAL DRAINAGE	☐ TEMP/PULSE/RESPIRATION/BLOOD PRESSURE
☐ EXERCISE	☐ JOBST STOCKINGS	☐ PROTHESIS/ORTHOTICS	☒ TOILETING
☐ EYE	☐ MEDICAL GASES	☐ RIK BED	☐ TRANSFER/POSITIONING
☐ COMMUNICATION	☐ HOUSEWORK	☐ LAUNDRY	☐ MONEY MANAGEMENT
☐ MEAL	☐ SHOPPING		

RESPITE CARE PROVIDED

Time In:_____ **Time Out:**_____

CLIENT HOSPITALIZATION/OUT OF HOME

Date Left:_____ **Date Left:**_____ **Date Left:**_____ **Date Left:**_____

Date Returned: _____ **Date Returned:**_____ **Date Returned:**_____ **Date Returned:**_____

COMMENTS:

TW 10/25