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

Client Name: _____ **Client ID#:** _____ **Provider:** _____ **Provider#:** _____

MM/DD/VYYY of Service: _____ **Service Location:** _____

Time In: _____ **Time Out:** _____ **Total Units:** _____

☐ **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

RESPITE CARE PROVIDED

Time In _____ **Time Out**_____

CLIENT HOPSITALIZATIONS / OUT OF HOME

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

Date Returned _____ **Date Returned** _____ **Date Returned** _____ **Date Returned** dd

COMMENTS: