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

Client Name: Doe, John **Client ID#:** ND00000000 **Provider:** Doe, Jane **Provider#:** 3217895

MM/DD/VYYY of Service: 01/01/0000 **Service Location:** 123 alphabet lane Love State 10000

Time In: 8am **Time Out:** 3pm **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

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: