24/7 Home Support and Care Inc.Phone: 587 620 0840
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CLIENT CARE FLOW SHEET

Client's Name…….DOB: D../M../Y…. AHC#…… HSCI#…….Yr……..

Month…….. Day…… Time In….. Time Out...																															STAFF INITIAL
PERSONAL CARE																															
Bath/Sponge/Shower																															
Denture/Tooth Care																															
Dress/Groom/shave																															
MealPrep/feed/Dishes																															
Mobility/Transfers/Rom																															
Nail Care/Polish																															
Shampoo/Hair Care																															
Skin Care Lotion																															
COMPANION																															
Attend/urinal/commode																															
Errand/appts/shopping																															
Nutrition Care/Prep																															
Walks/Dog Walk/Garden																															
HOMEMAKING																															
Vac/Tidy Kitchen/BR/RM																															
LaundryTrash Out																															
HEALTH CARE																															
Med Rem/ Administer Check BP/HR/BS/ O2 On O2 Off																															
DEMENTIA CARE																															
SAFETY CHECK																															