

Service Delivery Form



Week of _____ Client _____

Staff _____ Position _____ Hours _____

Light Housekeeping	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Meal Preparation (B, L, or D) if all 3 put 3							
Clean Kitchen							
Clean Client Bathroom							
Clean Client Bedroom							
Change Client Bed Linen							
Laundry (Client's Clothes and Linen)							
Vacuum							
Dusting to remove potential allergens							
Errands/Dr. Appointments							
Incontinence and Bath/Shower Log	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Bath or Shower							
Bed Bath							
Brush Teeth and Rinse							
Lotion and Deodorant							
Combed Hair							
Bowel Movement (list times example- x2)							
Urine (list times changed, example – x3)							
Assist with Dressing							
Meal Log (Did Client Eat)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Breakfast							
Snack							
Lunch							
Dinner							
Readings (If Qualified to Perform)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Blood Pressure							
Glucose							
Weight							
Haemoglobin							
Heart Rate							
Wound Care							
Medication Management							
Companion/Sitter	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Conversation/Listen							
Watch TV and Conversate							
Monitor while Sleeping							

(Notes go on Progress Report)

Staff Signature

Date

Client Signature

Date

Nurse Signature

Date