

Helping Heart, LLC
 5317 E 20th Ave
 Tampa, FL 33619
SERVICE LOG

Individual's Name: _____ Medicaid#: _____
 Service: _____ PA Number: _____

Goal(s): _____

Date of Service: _____ / _____ / _____

Time In: _____ am/pm (circle one) Time Out: _____ am/pm (circle one)

Time In: _____ am/pm (circle one) Time Out: _____ am/pm (circle one)

Duration of Service Rendered: _____ (total number of hours and minutes worked)

If additional space needed to complete service log please use another blank service log.

Indicate page number and complete entire service log sheet.

Assist w/ bathing	Assist w/ Ambulation	Assist w/ Exercise	Bathroom Visit
Catheter Care	Commode/Bed Pan	Foot Care	Hair Care/ Shampoo
Incontinence Care	Mobility	Oral Hygiene	Shave
Skin Care/Back Rub	Transfer/ Chair or Bed	Turn & Position	Wheel Chair Transfer
Brushing Teeth			Outdoor Activity
Administer Fluids	Assist w/ Feeding	Grocery Shopping	Laundry
Light Housekeeping	Make/Change Bed	Meal Prep. (full)	Meal Prep. (light)
Record Intake	Change Bed		

SUMMARY OF SERVICE:

Services	Check Services Provided	Notes:
Rights Education		
Assist Medical Appt.		
Assist in Community		
Skill Acq Per ISP/IP		
Monitor Medications		
Abuse Neglect Exploitation Ed		
Safety Home Evaluation		
Individual Changes		
Choices/Options		
Safety & Health		
<u>OUTCOME:</u>		

Personal Support/ LD1 Signature: _____ Date : _____

Individual/Legal Guardian Signature: _____ (optional) Date: _____

Date mailed or faxed to WSC: _____