

## Personal Assistance Daily Shift Note

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		st.	S.	ā			Time Begin	Shift Sch	Staff:
						is .	Time End	Shift Scheduled Hours:	
a.							Activity		
	·						What did the member do to participate in this activity	to	Date:
							How did you assist the member in completing activity?		

## Personal Assistance Daily Shift Note

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Shift Summary	If yes, note doctor, reason for visit and outcome of appointment.	Did you attend any medical appointments with the member today?	If yes, list visitor(s) and purpose of visit.	Were there any visitors to the home today? Yes☐ No		If yes, please explain.	Did anything unusual happen today? ☐ Yes ☐ No	DATE:
		Yes   No						
	Shift Summary	If yes, note doctor, reason for visit and outcome of appointment.  Shift Summary	y? Yes □	y? Yes □	y? Yes $\square$	y? Yes □	No □   Yes □	No

Check here if extension page is used: