

**FAX ONLY TO: 954-272-8437**

Telephone: 954-966-6467  
 6151 Miramar Parkway, Suite 306  
 Miramar, FL. 33023

Caregiver's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Week Ending Date: \_\_\_\_\_  
 Position ( ) RN ( ) LPN ( ) AIDE ( ) Companion/Sitter  
 FL. State License # NR 30211478

Acting as Billing and Collection Representative and Assignee for Independent Contractors Caregivers referred for contract to patient below

**CONTRACT FOR CAREGIVER SERVICES AND WEEKLY WORK LOG**

**Between:** Caregiver's Name: \_\_\_\_\_ Caregiver's Signature: \_\_\_\_\_

**And:** Patient's Name: \_\_\_\_\_ Patient's Identification Number: \_\_\_\_\_

*Patient to sign below each day services are performed. Caregiver must submit work log to the office by 9 AM on Mondays*

<i>As per the direction of Patient, Caregiver, did/ Did not perform the following services</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>BATHING</i>							
<i>DRESSING</i>							
<i>AMBULATING TRANSFERNG TOILETING</i>							
<i>RE-POSITIONING</i>							
<i>FEEDING</i>							
<i>APPLY LOTION</i>							
<i>ORAL HYGIENE</i>							
<i>SHAVE</i>							
<i>HAIR CARE</i>							
<i>RANGE OF MOTION</i>							
<i>CHANGE BED LINEN</i>							
<i>GROCERY SHOPPING</i>							
<i>LAUNDRY</i>							
<i>LIGHT HOUSE-KEEPING</i>							
<i>REMIND PATIENT TO TAKE MEDICATION</i>							
<i>OBSERVE PHYSICAL &amp; MENTAL CHANGES</i>							
<i>ACCOMPANY TO APPOINTMENTS</i>							
<i>PREPARE MEALS</i>							

NURSE MENTORS NURSING REGISTRY

Corporate Office

<i>ASSIT WIYH OSTOMY CARE</i>							
<i>RECORD VITAL SIGNS</i>							
<i>INTAKE/ OUTPUT</i>							
<i>WEIGHT</i>							
<i>INCONTINENT CARE</i>							

*Complete with black pen only*

- *Inform the office immediately whenever case ends or whenever patient/client is hospitalized or if there are changes in patient mental or physical health status*