

Mobility:

Total: _____ minutes/avg. day

Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday**

Initials:																			
Time spent:																			

**Prosthetics:
Orthotics**

Total: _____ minutes/avg. day

Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday**

Initials:																			
Time spent:																			

Behavior: (assisting/prompting, monitoring/observing, redirection/intervention): _____

Total: _____ minutes/avg. day

Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday**

Initials:																			
Time spent:																			

Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday**

Initials:																			
Time spent:																			

ROM/ Muscle Exercises

Total: _____ minutes/avg. day

Monday | **Tuesday** | **Wednesday** | **Thursday** | **Friday**

Initials:																			
Time spent:																			

Total average minutes per day of personal care = _____ min/day

“It is a federal crime to provide false information on personal care service billings for medical assistance payment.”

Provider Name: _____ Intials: _____

Provider Name: _____ Intials: _____

Provider Name: _____ Intials: _____

Provider Name: _____ Intials: _____