



CLIENT ESCORT Service Record

Client Name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date of Service							
Start Time							
Finish Time							
TYPE OF SERVICE PROVIDED (Please Initial the Appropriate Box)							
Doctors Appt.							
Grocery Shopping							
Outing							
Pick Up/Delivery							
Move Client Belongings							
Cleaning							
Other							

Briefly explain any discrepancies (for example: patient missed appointment; was not at location; refused services; etc. or other situation)

Caregiver Name: _____

Caregiver Signature: _____ **Date:** _____