

Year: _____

Care Home: _____

Consultant(s): _____

Consumer Name	Jan	Feb	Mar	Apr	May	Jun	6 Month Total	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
1														
2														
3														
4														
5														
6														
Total # of Hours														

*** This form is to be utilized to calculate the overall consultant hours for each consumer to ensure compliance with Title 17 mandates. This form shall not take the place of documentation gathered to verify consultation hours.**