

**FROM THE HEART HOME HEALTH CARE, LLC
HOURLY VISIT HOME CARE AIDE/ HOME MAKER NOTES**

Homemakers/aides name (print)	Client's Name
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Personal Care		Homemaking					CLIENT'S SIGNATURE	EMPLOYEE SIGNATURE
DAYS	DATE	TIME IN	TIME OUT	TOTAL HRS				
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								

Activity Codes: X - Care Provided by Aide. R -Care Refused. S - Care Supervised

Supervisor Notified Re: _____

Method: Voice Mail Phone Conversation Face to Face Date _____ Time _____

PERINEAL CARE								MOBLITY							
	SU	MO	TU	WE	TH	FR	SA		SU	MO	TU	WE	TH	FR	SA
Complete Bed Bath								Ambulation Assist/ <u>Supervise</u>							
Partial Bed Bath								Assistive Device							
Perineal Care								Complete bed rest							
Tub Bath								Turn & Position							
Shower w/ chair								Side Rail used							
Shampoo Hair								Hoyer Lift							
Shave								Wheel chair							
Skin Care								Walker							
<u>Lotion/Powder</u>								Cane/Crutches							
Foot Care/ Clean file <u>nail</u>								Transfer: bed/Chair							
Oral Hygiene/Dentures															
Elevate Feet															
Undressing/Dressing								NUTRITION							
Comb/Brush Hair								Prepare Meal							
Deodorant Care								Serve Meal							
Medication reminder								Encourage Fluids							
Other								Warm Home <u>delivered meal</u>							
ELIMINATION								HOME MAKING							
Check BM Each visit <u>Formed</u> <u>Loose</u>								Kitchen cleaning							
Toileting Bathroom								Bathroom							
Empty Commode								Living Room							
Incontinence care/ <u>diapers</u>								Laundry							
Empty Drainage bag								Change Bed/make <u>bed</u>							
Assist w/ Bedpan								Wash Dishes							
Assist w/urinal								Run errands							
Record I&O								Garbage Removal							
Catheter Care								Dusting							
SENSORY								Vacuuming							
Confused								Mopping							
Agitated															
Oriented															