

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

Homemaker/Aides name (print)	Client's name
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Day	Date	Time In	Time Out	Total Hrs	Client's Signature	Employee Signature
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	SU	MO	TU	WE	TH	FR	SA	Mobility	SU	MO	TU	WE	TH	FR	SA
Complete Bed Bath								SENSORY							
Partial Bed Bath								Confused							
Perineal Care								Agitated							
Tub Bath								Oriented							
Shower/w Chair								Ambulation Assist/Supervise							
Shampoo Hair								Assistive Device							
Shave								Turn & Position							
Skin Care								Side Rail used							
Lotion/Powder								Hoyer lift							
Foot Care/Clean file nails								Wheel Chair							
Oral Hygiene/Dentures								Cane/Crutches							
Elevate Feet								Transfer: bed/chair							
Undressing/Dressing								NUTRITION							
Comb/Brush Hair								Prepare meal							
Deodorant Care								Serve meal							
Medication Reminder								Encourage fluids							
Other								Warm home delivered meal							
ELIMINATION								HOME MAKING							
Check BM each visit								Kitchen cleaning							
Formed								Bathroom							
Loose								Living room							
Toileting Bathroom								Laundry							
Empty Commode								Change bed/make bed							
Incontinence care/diapers								Wash dishes							
Empty drainage bag								Run errands							
Assist w/bedpan								Garbage removal							
Assist w/urinal								Dusting							
Record I&O								Vacuuming							
Catheter Care								Mopping							