

MED1CARE HOME HEALTH AIDE WEEKLY VISIT RECORD

Employee Name		Employee Signature					Week Beginning Date	
Patient Name		Patient Signature						
	DATE	MON: _____	TUE: _____	WED: _____	THUR: _____	FRI: _____	SAT: _____	SUN: _____
TIME IN								
TIME OUT								
TOTAL HOURS								
BATHROOM Bed - Tub/Shower								
Bed Bath - Partial/Complete								
Assist Bath - Chair								
HYGIENE/GROOMING Personal Care								
Assist with Dressing								
Hair Care - Brush/Shampoo/Other								
Skin Care/Lotion/Powder								
Check Pressure Areas								
Shave/Groom/Deodorant								
Nail Hygiene - Clean/File/Report								
Oral Care - Brush/Swab/Dentures								
Peri Care								
Foot Care (Hygiene)								
PROCEDURES Catheter Care (Empty Bag)								
Ostomy Care (Empty Bag)								
Record Output/Input								
Inspect/Reinforce Dressing								
Medication Reminder								
Remove/Apply Elastic Bandage								
Maintain Standard Precautions								
VITALS Temp - Oral/Axillary/Rectal								
Weight - Results								
Observe for Fall Risk								
ACTIVITY Ambulation Assist - WC/Walker/Cane								
Mobility Assist								
ROM - Active/Passive								
Positioning - Encourage/Assist to turn q _____ hrs								
Exercise - Per PT/OT/SLP Care Plan								
NUTRITION - Diet Order Meal Preparation								
Assist with Feeding								
Limit/Encourage Fluids								
Grocery Shopping/Errands								
OTHER Laundry								
Light Housekeeping - Bedroom/Dining Room								
Living Room/Bathroom/Kitchen - Change Bed Linen								
Equipment Care								
Trash Removal								
Assist with Pain Management								

SIGNATURES	MON	EMPLOYEE	CLIENT
	TUES	EMPLOYEE	CLIENT
	WED	EMPLOYEE	CLIENT
	THURS	EMPLOYEE	CLIENT
	FRI	EMPLOYEE	CLIENT
	SAT	EMPLOYEE	CLIENT
	SUN	EMPLOYEE	CLIENT