

ENRICHED HOMECARE AGENCY.

AIDE TIME AND ACTIVITY REPORT

PATIENT:

Week Ending:

EMPLOYEE:

Social Security No:

	DATE	TIME IN	TIME OUT	HOURS	EMPLOYEE SIGNATURE	CLIENT/REPRESENTATIVE SIGNATURE
Mon						
Tue						
Wed						
Th						
Fri						
Sat						
Sun						
		TOTAL				

TASK / ACTIVITY	M	T	W	Th	F	Sat	Sun
PERSONAL CARE: <input type="checkbox"/> Bed <input type="checkbox"/> Tub <input type="checkbox"/> Shower							
Hair Care - Shampoo <input type="checkbox"/> Comb/Brush							
- Shave - Nail care (DO NOT CUT NAILS)							
<input type="checkbox"/> Oral Hygiene/Mouth Care <input type="checkbox"/> Denture Care							
<input type="checkbox"/> Skin Care: <input type="checkbox"/> Lotion <input type="checkbox"/> Other:							
- Foot Care							
- Dressing: - Total - Assist							
<input type="checkbox"/> Meals <input type="checkbox"/> BF <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack							
- Assist/Feed Patient							
- Ambulation <input type="checkbox"/> Assist <input type="checkbox"/> Cane <input type="checkbox"/> Walker - W/C							
- Transfer - Bed - Chair							
- ROM <input type="checkbox"/> Turn 02hours							
- Ostomy/Catheter Care							
- Non-Sterile Dressing (HHA ONLY)							
- Medications - Assist <input type="checkbox"/> Remind							
- Observe/Report Physical/Mental Changes							
- Record <input type="checkbox"/> Intake - Output (HHA ONLY)							
- Record Temperature <input type="checkbox"/> Record Wt (HHA ONLY)							
- Toileting <input type="checkbox"/> Toilet <input type="checkbox"/> Commode - Urinal/Bedpan							
- Incontinent <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder <input type="checkbox"/> Diapers							
- Bladder Training <input type="checkbox"/> Bowel Training							
- Exercise Program: (As per PT Inst.) (HHA ONLY)							
HOUSEHOLD							
- Light Dusting <input type="checkbox"/> Light Vacuuming - Wet Mop							
- Bathroom <input type="checkbox"/> Patient Area							
- Kitchen <input type="checkbox"/> Clean Stove <input type="checkbox"/> Clean Refrigerator							
- Linen Change <input type="checkbox"/> Laundry							
- Shopping/Errands <input type="checkbox"/> Escort to Appointments							