PERSONAL CARE ASSISTANT VISIT RECORD

Client Name:	Week Ending Date:	
Aide Name:	_ Signature:	_ Date:
Enter date and time In and time Out (to include AM or	PM) and assure that client sign	ns on each day worked.

Date of Service	Day of Week	Time IN	Time OUT	Time IN	Time OUT	Client Must Sign Timesheets Daily.
	Sunday					Client Signature:
	Monday					Client Signature:
	Tuesday					Client Signature:
	Wednesday					Client Signature:
	Thursday					Client Signature:
	Friday					Client Signature:
	Saturday					Client Signature:
<u> </u>		•				Total Hours Worked:

On each assigned day, enter date and a place a check next to each activity completed. If activity was not performed as per the care plan, document the reason in the "comments" section and note name of clinician notified. The Activity sheets (timesheet) must be <u>fully completed</u> for each assigned day.

Ass	ignment (MUST Have 2 or More Tasks	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
01	Bathing/personal care/grooming								
02	Dressing/Undressing								
03	Oral Care								
04	Toileting/bowel and bladder care								
05	Turning, positioning, and transferring								
06	Assist with ambulation/mobility/transfer								
07	Monitor skin condition								
08	Skin care/observation								
09	Skin care/treatment								
10	Catheter care (exclude catheter insertion/removal)								
11	Ostomy care								
12	Tracheotomy care								
13	Assist with tube feeding								
14	Passive & Active Range of Motion Exercises								
15	Diet monitoring/meal preparation/education								
16	feeding								
17	Medication reminder/cueing								
18	Laundry								
19	Light housework								
21	Outdoor work (i.e. water plants, fill bird feeder								
22	Make bed								
23	Grocery shop								
24	Errands								
25	Personal business (bill paying,								
	communication)								
26	Socialization								
27	Accompany to medical appointment								
28	Accompany to other location								
	ENT/ REPRESENTATIVE INITIAL								
NU	MBER OF TASKS								