

GREATER HOMECARE - WEEKLY AIDE VISIT RECORD

Employee Name: _____ WEEK OF ___/___/___ Scheduled hrs: _____
 Manager: _____ Phone: _____ THROUGH ___/___/___ Overtime hrs: _____



Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Date								
Time In								
Time Out								
Aide's Initials								
Patient's Initials								

* ACTIVITIES	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Comments (All comments MUST be dated.)
BATH								
Tub / Shower								
Bed Bath - Partial/ Complete								
Assist Bath - Chair								
Other (Specify):								
HYGIENE / GROOMING								
Personal Care								
Assist With Dressing								
Hair Care								
Shampoo								
Skin Care								
Foot Care								
Check Pressure Areas								
Nail Care								
Oral Care								
Clean Dentures								
Other (Specify):								
Procedures								
Assist With Elimination								
Catheter Care								
Ostomy Care								
Record - Intake / Output								
Inspect / Reinforce Dressing								
Medication Reminder								
Other (Specify):								
ACTIVITY								
Assist With Ambulation W/C /Walker /Cane								
Assist With Mobility - Chair / Bed / Dangle / Commode / Shower / Tub								
ROM Active / Passive Arm R / L Leg R/L								
Positioning - Encourage Assist every ___ hours								
Exercise - Per PT/ OT/ SLP Care Plan								
Other (Specify):								
NUTRITION								
Meal Preparation								
Assist With Feeding								
Limit Encourage Fluids								
Grocery Shopping								
Other (Specify):								
Other								
Wash Clothes								
Light Housekeeping: Bedroom / Bathroom / Kitchen / Change bed Linen								
Equipment Care								
Other (Specify):								

SIGNATURE / DATES

EMPLOYEE: _____ DATE ___/___/___ PATIENT: _____ DATE ___/___/___

PAITENT NAME - Last, First, Middle Initial

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