



DATE OF SERVICE _____ TO _____

	SUN	MON	TUE	WED	THU	FRI	SAT
DATE							
TIME IN							
TIME OUT							

PERSONAL CARE Hours:							
Bed Bath							
Tub-Shower / (With Chair)							
Bath Chair							
Shampoo							
Oral Care / Dentures							
Dressing Assist							
Check Pressure Areas							
Skin Intact							
Skin Redness							
Skin Breakdown							
Footcare / Hygiene							
Shave							
Grooming							
Nail Hygiene							
Cane/Walker/Wheelchair							
Transferring							
Change Position							
Incontinence Care / Diapers							
Toileting Assistance							
Beds Pan Assistance							
Meal Preparation							
Assist Feeding							
Limit Encourage Fluids							
Emotional Support							
Follow Universal Precautions							
Safety							
Infection Control							
HOMEMAKING Hours:							
Laundry							
Clean Bathroom							
Clean Bedroom							
Clean Kitchen / Refrigerator							
Clean Livingroom							
Meal Preparation							
Empty Trash							
Vacuum / Sweep / Dust							
Wash Dishes							
Follow Universal Precautions							
Safety							
Infection Control							
OTHER							
RESPIRE Hours:							
COMPANION Hours:							
Escort - Chores Hours:							
Follow Universal Precautions							
Safety							
Infection Control							

EMPLOYEE: _____ SIGNATURE: _____

PATIENT: _____ MR# _____