

# Lesly Home Health Care, Inc.

# MEDICARE / MEDICAID HOME HEALTH AIDE RECORD



WEEK OF \_\_\_\_\_ - \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
Date							
Time In							
Time Out							

<b>VITAL SIGNS</b>							
Temperature							
Pulse ( Radial / Brachial )							
Respiration							
Weight							

<b>PERSONAL CARE</b>							
Bed Bath							
Tub-Shower ( with chair )							
Bath Chair							
Perineal care							
Asisist with Dressing							
Hair Care							
Shampoo							
Skin Care / Lotion							
Foot Care							
Check Pressure Areas							
Skin Intact							
Skin Redness							
Skin Breakdown							
Nail Care							
Oral Care / Dentures							

<b>Procedures</b>							
Change diapers							
Empty bedside commode							
Asisit with elimination							
Catheter Care							
Ostomy Care							
Record Intake/Output							
Inspect/Reinforce dressing							
Medication Reminder							
Other							

<b>Activities</b>							
Transferring							
Stand by assistance							
Cane/Walker							
Wheelchair							

<b>Nutrition</b>							
Meal Preparation							
Assist with feeding							
Limit/Encourage Fluids							
Other							

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Client/Patient Name \_\_\_\_\_

MR # \_\_\_\_\_