

# HOME HEALTH CARE AIDE WEEKLY RECORD



Renacer Home Health Care, Inc.

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

Employee No. \_\_\_\_\_

Patient/Client Name	ID#	Patient/Client Signature	Date / /
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	SUN	MON	TUE	WED	THU	FRI	SAT
<b>PERSONAL CARE (PC)</b>							
BATH - TUB/SHOWER/BED/ASSIST							
HAIR CARE BRUSH/SHAMPOO							
ORAL CARE - BRUSH/SWAB/DENTURES							
DRESS/UNDRESS							
SKIN CARE/FOOTCARE/(HYGIENE)							
SHAVE/GROOM/DEODORANT							
NAIL HYGIENE - CLEAN/FILE/REPORT							
AMBULATION ASSIST - WC/WALKER/CANE							
TRANSFER ACTIVITY							
CHANGE POSITION							
INCONTINENCE CARE							
TOILETING ASSIST							
COMODE/BED PAN ASSIST							
MEAL PREP							
ASSIST WITH FEEDING							
MAKE BED / CHANGE LINEN							
LIMIT/ENCOURAGE FLUIDS							
EMOTIONAL SUPPORT							
FOLLOW UNIVERSAL PREC							
SAFETY							
INFECTION CONTROL							
<b>HOMEMAKER (HMK)</b>							
LAUNDRY							
CLEAN BATHROOM							
CLEAN BEDROOM							
CLEAN KITCHEN / REFRIGERATOR							
CLEAN LIVING ROOM							
MEAL PREP							
EMPTY TRASH							
VACUUM/SWEEP/ DUST							
WASH DISHES							
FOLLOW UNIVERSAL PREC							
SAFETY							
INFECTION CONTROL							
<b>RESPIRE (RSP)</b>							
RESPIRE SERVICES							
<b>OTHER</b>							
COMPANION							
CHORES							
ESCORT							
SHOPPING							

WEEK FROM

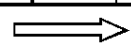
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THROUGH

/ /

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SAMPLE

CLIENT INITIALS	DAY	DATE M/D	PC am		PC pm		HMK		RSP		OTHER		TOTAL HOURS
			TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT			
	SUN												
	MON												
	TUES												
	WED												
	THUR												
	FRI												
	SAT												
TOTAL HOURS													





JOOL HOME CARE, INC.

## HOME HEALTH CARE AIDE WEEKLY VISIT RECORD

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

Week From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee No.: \_\_\_\_\_

Through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient/Client Name	ID#	Patient/Client Signature	Date / /
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	SUN	MON	TUE	WED	THU	FRI	SAT
<b>COMPANION SERVICES</b>							
STS MEETING							
OTHER MEETING							
MATH							
SHOPPING							
PARK							
GROCERY SHOPPING							
MEDICATION PICK-UP							
BEAUTY SALON							
MALL							
MAIL PICK-UP							
EMPTY TRASH							
MEDICAL APPOINTMENT							
DENTAL APPOINTMENT							
OTHERS							
COMMENTS:							

CLIENT INITIALS	DAY	DATE M/D	PC am		PC am		PC am		PC am		PC am		TOTAL HOURS
			TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	
	SUN												
	MON												
	TUE												
	WED												
	THU												
	FRI												
	SAT												
<b>TOTAL HOURS →</b>													

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



JOOL HOME CARE, INC.

# HOME HEALTH CARE AIDE WEEKLY VISIT RECORD

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

Week From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee No.: \_\_\_\_\_

Through: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient/Client Name	ID#	Patient/Client Signature	Date / /
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	SUN	MON	TUE	WED	THU	FRI	SAT
<b>HOMEMAKER (HMK)</b>							
LAUNDRY							
CLEAN BATHROOM							
CLEAN BEDROOM							
CLEAN KITCHEN / REFRIGERATOR							
CLEAN LIVING ROOM							
MEAL PREP.							
EMPTY TRASH							
VACUUM / SWEEP / DUST							
WASH DISHES							
FOLLOW UNIVERSAL PREC.							
SAFETY							
INFECTION CONTROL							
<b>RESPIRE (RSP)</b>							
RESPIRE SERVICES							
<b>OTHER</b>							
COMPANION							
CHORES							
ESCORT							
SHOPPING							
COMMENTS:							

CLIENT INITIALS	DAY	DATE M/D	PC		PC		PC		PC		PC		TOTAL HOURS
			am	am	am	am	am	am	am	am			
	SUN		TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	
	MON												
	TUE												
	WED												
	THU												
	FRI												
	SAT												
												<b>TOTAL HOURS →</b>	

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**JOOL HOME CARE, INC.**

**HOME HEALTH CARE  
AIDE WEEKLY VISIT RECORD**

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

Week From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee No.: \_\_\_\_\_

Through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient/Client Name	ID#	Patient/Client Signature	Date / /
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	SUN	MON	TUE	WED	THU	FRI	SAT
<b>PERSONAL CARE (PC)</b>							
BATH - TUB/SHOWER/BED/ASSIST							
HAIR CARE BRUSH/SHAMPOO							
ORAL CARE - BRUSH/SWAB/DENTURES							
DRESS/UNDRESS							
SKIN CARE/FOOT CARE (HYGIENE)							
SHAVE/GROOM/DEODORANT							
NAIL HYGIENE - CLEAN/FILE/REPORT							
AMBULATION ASSIST - WC/WALKER/CANE							
TRANSFER ACTIVITY							
CHANGE POSITION							
INCONTINENCE CARE							
TOILETING ASSIST							
COMMUNE/BED PAN ASSIST							
MEAL PREP							
ASSIST WITH FEEDING							
MAKE BED/CHANGE LINEN							
LIMIT/ENCOURAGE FLUIDS							
EMOTIONAL SUPPORT							
FOLLOW UNIVERSAL PREC							
SAFETY							
INFECTION CONTROL							

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

CLIENT INITIALS	DAY	DATE M/D	PC am		PC am		PC am		PC am		PC am		TOTAL HOURS
			TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	
	SUN												
	MON												
	TUE												
	WED												
	THU												
	FRI												
	SAT												

TOTAL HOURS →  

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**HOME HEALTH AIDE WEEKLY VISIT RECORD  
ELDERCARE PLAN / EVERCARE PLAN**

<b>Patient's Last Name</b>	<b>First Name</b>	<b>Medical Record #</b>

<b>ACTIVITIES</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>
<b>PERSONAL CARE</b>							
<b>HOMEMAKER</b>							
<b>RESPIRE</b>							
<b>ESCORT</b>							

<b>MONTH/DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>TOTAL HOURS</b>	<b>PATIENT'S SIGNATURE</b>
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

Comments/Observations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

EMPLOYEE PINT NAME AS SIGNED \_\_\_\_\_





### Channeling Services Report

DATE	P E R S O N A L C A R E	BATH BED SHOWER	HAIR COMB. SHAMPOO	S H A V E	N A I L C A R E	S K I N C A R E	A S S I S T D R E S S I N G	ELIMINATION TOILET BED PAN COMMUNE	TRANSFERS BED TO CHAIR LIFT	A S S I S T A M B U L A T I O N	M E A L P R E P A R A T I O N	F E E D I N G	L I G H T C L E A N I N G	L I N E N C H A N G E	P A T I E N T S R O O M	B A T H R O O M	L A U N D R Y	L I G H T G R O C E R Y S H O P	R E S P I T E	C O M P A N I O N	E S C O R T	TIME	PATIENT'S SIGNATURE		
Sunday																									
Monday																									
Tuesday																									
Wednesday																									
Thursday																									
Friday																									
Saturday																									

HHA Name: \_\_\_\_\_

HHA SIGNATURE: \_\_\_\_\_





### SERVICE REPORT

Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_

HHA Name: \_\_\_\_\_

DATE	PERSONAL CARE	BATH		HAIR		SHAVE	NAIL CARE	SKIN CARE	ASSIST WITH DRESSING	ELIMINATION			TRANSFERS		ASSIST WITH AMBULATION	MEAL PREPARATION	FEEDING	LIGHT CLEANING	BATHROOM	PATIENT'S ROOM	LINEN CHANGE	LAUNDRY	LIGHT GROCERY SHOPPING	RESPIRE	COMPANION	ESCORT	TIME			 PATIENT SIGNATURE						
		BED	SHOWER	COMB	SHAMPOO					TOILET	BED PAN	COMMODE	BED TO CHAIR	LIFT													In	Out	Total							
SUNDAY																																				
MONDAY																																				
TUESDAY																																				
WEDNESDAY																																				
THURSDAY																																				
FRIDAY																																				
SATURDAY																																				
																															 TOTAL HOURS					

HHA Signature: \_\_\_\_\_