Affiliated Home Care of Putnam
P.O. Box 213 • Mahopac, NY 10541
(845) 628-2484 • (845) 628-2507 (fax)

Patient Name_____ Week Ending_____20____

Aide Name_____ Aide Signature_____

Check services completed on each visit. DO NOT perform any tasks not indicated in care plan.

Fill In Dates	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time Started							
Time Ended							
1. [ ] Shower [ ] Bench [ ] Total [ ] Assist							
2. [ ] Sponge/Bedbath [ ] Total [ ] Assist							
3. [ ] Groom Hair [ ] Shampoo as needed							
4. [ ] Dressing [ ] Total [ ] Assist							
5. [ ] Perineal care/diaper change							
6. [ ] Skin care [ ] Observe skin changes							
7. [ ] Nail Care as needed (file only)							
8. [ ] Shave as needed (electric razor only)							
9. [ ] Mouth Care/Denture Care							
10. [ ] ROM (After RN/PT Instruction) - **HHA ONLY**							
11. [ ] Ambulate with assistance							
12. [ ] Ambulate [ ] Walker [ ] Cane [ ] Crutch							
13. [ ] Assist with bedpan/urinal/commode/BR							
14. [ ] HEP (After RN/PT Instruction)							
15. [ ] Medication Reminders							
16. [ ] Oxygen: [ ] Continuous [ ] As needed - **HHA ONLY**							
17. [ ] Catheter care/cleanse around tube/empty bag							
18. [ ] Make bed and linen change as needed							
19. [ ] Tidy patient surroundings/kitchen/bathroom							
20. [ ] Meal Prep [ ] B [ ] L [ ] D							
21. [ ] Assist/Feed Patient							
22. [ ] Wash dishes used in meal prep							
23. [ ] Personal laundry							
24. [ ] Transport to medical appointment (only if indicated)							
25. [ ] Vacuum/Dust							
26. [ ] Transfer to chair/wheelchair/commode/bed							
27. [ ] Weigh patient (see RN instructions)							
28. [ ] Hoyer lift [ ] slideboard							
29. [ ] Hospital Bed/Side Rails							
30. [ ] Assist with ostomy bag change - **HHA ONLY**							
31. [ ] Turn & Position							
32. [ ] Elevate/Position extremities							
33. [ ] Grocery Shopping/Errands							
34. [ ] Standard Precautions (Applied Daily)							
Total Visit Time:							
Patients Signature:							
Comments:							

Medicaid **Consumer** **Other**_____
Circle One **(Specify)**