



329 East 149th St. 3rd Floor • Bronx, NY 10451  
Phone: (718)-450-8054 • Fax: (718)-450-8092

## HOME HEALTH AIDE ACTIVITY SHEET

This form is to be completed and signed by the patient and Home Health Aide at every visit.

Employee's name:	
Patient:	Home Care Coordinator:

### 24 hour 718-450-8054 - Ask for on-call coordinator

		S	M	T	W	T H	F	S
102	Bed Bath							
100	Tub							
101	Shower							
106	Mouth Care							
112	Skin Care							
113	Foot Care							
109	Assist with shaving							
107	Hair care-comb							
108	Shampoo							
110	Nail Care							
117	Toileting							
114	Incontinent Care							
111	Dressing							
400	Temperature							
403	Pulse							
404	Respiration							
405	Blood Pressure							
406	Record Weight							
413	Check Pressure areas							
414	Limit/Encourage fluids							

		S	M	T	W	T H	F	S
301	Assist with Ambulation							
302	Walking with Device							
300	Transfer Assist							
312	Transfer: 2 Person							
313	Transfer: Mechanical Lift							
311	Turning/Positioning							
306	Range of Motion Exercise							
209	Meal Preparation							
206	Assist with feeding							
411	Medication: Assist/Remind							
408	Catheter Care							
410	Ostomy Care							
500	Change Bed Linen							
505	Cleaning of Equipment							
501	Laundry							
508	Accompany Patient to MD/Clinic							
502	Light housekeeping							
506	Grocery Shopping							
509	Diversional Activities							
511	Monitor Patient Safety							

	Date	Time Started	Time Ended	Total Daily Hrs	Patient's Signature	Employee's Signature
SUN						
MON						
TUES						
WED						
THR						
FRI						
SAT						
Total hours worked this week						

**IMPORTANT:** In case of an emergency: call 911 immediately;  
then call Hand in Hand Together Home Care at (718) 450-8054.

EMAIL TIMESHEETS TO [PAYROLL@HANDINHANDHC.COM](mailto:PAYROLL@HANDINHANDHC.COM) OR FAX TO [347-244-7185](tel:347-244-7185)