HOME CARE AIDE VISIT RECORD

Date:	29-Mar-2021	Time In:	04:09	Date:	02-Oct-2003	Time Out:	07:2(

Check each activity completed during visit, refer to Aide Care Plan.

ACTIVITIES	REFUSED	COMMENTS
VITALS/RESULTS		
T Ex r P Sit '	☐	Sit ipsum q
R B/P	☐	
Weight Pain rating	☐	
BATH		
◯ Tube ◯ Shower	☐	
Bed Batch: ◯ Partial ◯ Complete	☐	
◯ Assist Bath - Chair	☐	
Other (specify):	☐	
HYGIENE/GROOMING		
☐ Personal Care	☐	
☐ Assist with Dressing	☐	
☐ Hair Care	☐	
☐ Shampoo	☐	

ACTIVITIES	REFUSED	COMMENTS
ACTIVIY		
Assist with: ☐ Ambulation ☐ W/C ☐ Walker ☐ Cane	☐	
Assist with Mobility: ☐ Gait Belt ☐ Chair ☐ Bed ☐ Dangle ☐ Commode ☐ Shower ☐ Tub	☐	
ROM: ◯ Active ◯ Passive Arm: ◯ R ◯ L Leg: ◯ R ◯ L	☐	
☐ Reposition ☐ Encourage Position Change Every hrs	☐	
Exercise - Per: ☐ PT ☐ OT ☐ SLP Care Plan	☐	
Other (specify):	☐	
NUTRITION		
☐ Meal Preparation	☐	
☐ Assist with Feeding	☐	

Skin Care		
Moisturizer		
Foot Care		
Check Pressure Areas		
Nail Care		
Oral Care		
Clean Dentures		
Shave		
Other (specify):		

PROCEDURES

Perineal Care		
Assist with Elimination		
Catheter Care		
Ostomy Care		
Record: Intake Output		
Inspect/Reinforce Dressing		
Medication Reminder		
Medication Assistance		

Limit Encourage Fluides		
Grocery Shopping		
Other (specify):		

OTHER

Wash Clothes		
Light Housekeeping: Bedroom Bathroom Kitchen Change Bed Linen		
Equipment Care		
Other (specify):		

Other (specify):			

Comments/Notes:

Coordination of Care with: ☐ SN ☐ Therapy ☐ PT ☐ OT ☐ SLP ☐ Family ☐ Patient

SIGNATURE/DATE

Employee			*Date*
Patient			*Date*

PATIENT NAME- Last, First, Middle Initial	ID#

Print