

Tel: 718-717-8337

1115 Avenue U, Brooklyn, NY 11223

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SILVER LINING HOMECARE AGENCY**AIDE TIME AND ACTIVITY REPORT**

PATIENT NAME:

Abulkiani

EMPLOYEE NAME:

Ayesha Kiani

Week Ending:

Employee ID:

	DATE	TIME IN	TIME OUT	HOURS	EMPLOYEE SIGNATURE	CLIENT/REPRESENTATIVE SIGNATURE
Sun						
Mon						
Tue	1/28	6	10	4	Rae	D
Wed						
Th						
Fri						
Sat						
				TOTAL		

TASK / ACTIVITY

	Sun	M	T	W	Th	F	Sat
Universal Precautions							
PERSONAL CARE :	<input type="checkbox"/> Tub (100) <input type="checkbox"/> Shower (101) <input type="checkbox"/> Bed (102)						
<input type="checkbox"/> Oral Hygiene: Mouth Care/Denture Care (104)							
Hair Care: <input type="checkbox"/> Comb/Brush (105) <input type="checkbox"/> Shampoo (106)							
<input type="checkbox"/> Shave (107) <input type="checkbox"/> Nail care (108) <input type="checkbox"/> Foot Care (111)							
<input type="checkbox"/> Dressing: Total/Assist (109)							
<input type="checkbox"/> Skin Care: Lotion/Other (110)							
<input type="checkbox"/> Incontinent: Bowel/Bladder/Diapers (112)							
Toileting: <input type="checkbox"/> Commode(113) <input type="checkbox"/> Urinal/Bedpan (114) <input type="checkbox"/> Toilet (115)							
NUTRITION : <input type="checkbox"/> Patient is on a Prescribed Diet (200)							
Meals: <input type="checkbox"/> BF (201) <input type="checkbox"/> Lunch (202) <input type="checkbox"/> Dinner (203) <input type="checkbox"/> Snack (204)							
<input type="checkbox"/> Assist/Feed Patient (205)							
ACTIVITY: <input type="checkbox"/> Transfer/Bed/Chair (300)							
<input type="checkbox"/> Ambulation <input type="checkbox"/> Assist <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> W/C (301)							
<input type="checkbox"/> Exercise Program: (As per PT Inst.) (HHA ONLY) (303)							
<input type="checkbox"/> ROM (304) <input type="checkbox"/> Turn Q2hours (305)							
TREATMENTS / SPECIAL NEEDS:							
<input type="checkbox"/> Record Temp. (HHA ONLY)(400) <input type="checkbox"/> Record Wt. (HHA ONLY)(403)							
<input type="checkbox"/> Record: Intake/Output (HHA ONLY) (405)							
<input type="checkbox"/> Catheter Care (HHA ONLY) (406)							
<input type="checkbox"/> Assist With Ostomy Care (HHA ONLY) (408)							
<input type="checkbox"/> Medications: Assist/Remind (409)							
HOUSEHOLD / PATIENT SUPPORT ACTIVITIES:							
<input type="checkbox"/> Linen Change (500) <input type="checkbox"/> Laundry (501)							
<input type="checkbox"/> Light Housekeeping (502)							
<input type="checkbox"/> Clean Patient Care Equipment (503)							
<input type="checkbox"/> Shopping/Errands (504) <input type="checkbox"/> Escort to Appointments (505)							
<input type="checkbox"/> Diversional Activities - Speak/Read (506)							
<input type="checkbox"/> Monitor Patient Safety (507)							

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