

Weekly Visit Record

Patient Name: _____

Type of Service: RN / LPN / CNA / HHA

| | Sun | Mon | Tues | Wend | Thurs | Fri | Sat |
|----------------------------|-----|-----|------|------|-------|-----|-----|
| Date: | | | | | | | |
| Time in: | | | | | | | |
| Time out: | | | | | | | |
| Client's Signature: | | | | | | | |

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Observation |
|--|-----|-----|------|-----|-------|-----|-----|-------------|
| Temperature | | | | | | | | |
| BP | | | | | | | | |
| Pulse | | | | | | | | |
| Respirations | | | | | | | | |
| Tub Bath | | | | | | | | |
| Shower- Standing | | | | | | | | |
| Shower- Chair | | | | | | | | |
| Bed bath | | | | | | | | |
| Shampoo/ Hair care | | | | | | | | |
| Hair care | | | | | | | | |
| Shave | | | | | | | | |
| Nail Care * Do not cut nails | | | | | | | | |
| Skin Care | | | | | | | | |
| Foot Care | | | | | | | | |
| Checked pressure areas | | | | | | | | |
| Oral Care | | | | | | | | |
| Assist with self-administration of medications | | | | | | | | |
| Medication reminder | | | | | | | | |
| Assisted with feeding | | | | | | | | |
| Assisted with toileting | | | | | | | | |
| Assisted with dressing | | | | | | | | |
| Assisted with ambulation | | | | | | | | |
| Assisted with walking | | | | | | | | |
| Assisted with transferring | | | | | | | | |
| Hoyer Lift | | | | | | | | |
| Repositioned q2h prn | | | | | | | | |
| Meal preparation | | | | | | | | |
| Transportation | | | | | | | | |
| Doctor's appointment | | | | | | | | |
| Outdoor recreation | | | | | | | | |
| Laundry | | | | | | | | |
| Changing bed lines | | | | | | | | |
| Light housekeeping | | | | | | | | |
| Safety/ Fall Precautions | | | | | | | | |
| Other | | | | | | | | |

Caregiver's Name: _____

Caregiver's Signature: _____ **Date:** _____