

FIRST COMMUNITY HEALTH SERVICES, LLC
HOURLY VISIT HOME CARE AIDE/ HOME MAKER NOTES

Homemakers/aides name (print)	Client's Name
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DAY	DATE OF SERVICE	TIME IN	TIME OUT	Total Hrs	CLIENT'S SIGNATURE	DATE/TIME	EMPLOYEE SIGNATURE and TITLE	DATE/TIME
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								

Mark X for Care Completed Mark R for Care Refused.

	SU	MO	TU	WE	TH	FR	SA		SU	MO	TU	WE	TH	FR	SA
PERINEAL CARE								MOBILITY							
Complete Bed Bath								Ambulation Assist/ Supervise							
Partial Bed Bath								Assistive Device							
Perineal Care								Complete bed rest							
Tub Bath								Turn& Position							
Shower w/ chair								Side Rail used							
Shampoo Hair								Hoyer Lift							
Shave								Wheel chair							
Skin Care -Lotion								Walker							
Foot Care-clean								Cane							
File nails								Crutches							
Oral Hygiene								Transfer: Bed/Chair							
Dentures Care								NUTRITION							
Elevate Feet								Prepare Meal							
Undressing								Serve Meal							
Dressing								Encourage Fluids							
Comb Hair								Warm Home delivered meal							
Brush Hair								HOME MAKING							
Deodorant Care								Kitchen cleaning							
Medication reminder								Bathroom							
ELIMINATION								Living Room							
Toileting Bathroom								Laundry							
Empty Commode								Change Bed							
Incontinence care								Make Bed							
Empty Drainage bag								Wash Dishes							
Assist w/ Bedpan								Run errands							
Assist w/urinal								Garbage Removal							
Record I&O								Dusting							
Catheter Care								Vacuuming							
								Mopping							