Week Beginning:	Week Ending:
Consumer Name:	Employee Name:

	Date	Time IN	Time Out	Time IN	Time Out	Total Hours	**Consumer's Signature**
Saturday							X
Sunday							X
Monday							X
Tuesday							X
Wednesday							X
Thursday							X
Friday							X

Weekly Total **Employee's Signature**

CHECK ALL TASKS PERFORMED		S	M	T	W	H	F	S
VITALS	Temperature							
	Pulse							
	Respirations							
	Blood Pressure							
	Weight							
HYGIENE/GROOMING	Personal Care							
	Assist with Dressing							
	Hair Care: Shampoo							
	Dry/Comb/Style							
	Oral Care: Brush Teeth							
	Clean Dentures							
	Skin Care - Lotion							
	Nail Care:							
	File							
	Shave-Electric Only							
	Foot Care (Except Diabetics)							
PROCEDURES	Check Pressure Areas							
	Emptying Foley Bag							
	Emptying Colostomy Bag							
	Emptying Ostomy Bag							
	Glucose Test							
	Inspect/Reinforce							
	Dressing Change							
	Medication Reminder							
	Record Intake/Output							
	Toileting: Brief Change							
	Commode							
	Bed Pan/Urinal							
	Bedside Commode							
	Assessment							
	Feeding Tube/Peg							
	Other							

COMMENTS/OBSERVATIONS: _____

(For Office Use Only) Care Manager Notification Information:

(Use additional sheets if necessary)

CHECK ALL TASKS PERFORMED		S	M	T	W	H	F	S
BATH	Shower							
	Bath:							
	Partial							
	Bed Bath: Complete							
	Partial							
	Assist Bath: Chair							
	Bench							
ACTIVITY	Assist: Ambulation							
	W-C/walker/cane							
	Hover Lift Transfers							
	Mobility Assist:							
	Dangle / Commode							
	Shower / Tub							
	ROM:							
	Arm R / L							
	Leg R / L							
	Reposition/Assist every 2 hours							
	Exercise Per PT/OT/SLP Plan							
HOME SUPPORT	Laundry							
	Clean/Tidy/Dust: Bedroom							
	Bathroom							
	Kitchen							
	Livingroom							
	Dining Area							
	Change Bed Linen							
	Floors: Vacuum							
	Sweep							
	Mop							
	Empty/Clean: Bed							
	Bedside Commode							
	Trash							
	Equipment Care							
	Mail Assistance							
	Errands: Banking							
	Shopping							
NUTRITION	Meal Preparation: Breakfast							
	Lunch							
	Dinner							
	Snack							
	Assist with Feeding							
	Limit/Encourage Fluids							
	Grocery Shopping							