

Example



420 Niagara Street Buffalo, NY 14201 | Tel:716-768-8056 | Fax: 716-768-8979 | 716-954-7162

AIDE/CAREGIVER ACTIVITY SHEET

<b>PATIENT NAME</b>	<b>PATIENT ADDRESS</b>
<b>CAREGIVER NAME:</b>	<b>WEEK OF:</b>
	06/17/19 - 06/23/19

		SCHEDULE						
		MON	TUE	WED	THU	FRI	SAT	SUN
	<b>DAY OF THE WEEK</b>							
	<b>DATE:</b>	6/17	6/18	6/19	6/20	6/21	6/22	6/23
	<b>START TIME:</b>	8:30a	8:30a	8:30a	8:30a	8:30a	8:30a	
	<b>END TIME:</b>	5:30p	5:30p	5:30p	5:30p	5:30p	5:30p	
PERSONAL	100 BATH-TUB							
PERSONAL	101 BATH- SHOWER	✓	✓	✓	✓	✓	✓	
PERSONAL	102 BATH- BED							
PERSONAL	103 PATIENT REQ TOTAL CARE							
PERSONAL	106 MOUTH CARE/DENTURECARE							
PERSONAL	107 HAIR CARE- COMB	✓	✓	✓	✓	✓	✓	
PERSONAL	108 HAIR CARE- SHAMPOO	✓	✓	✓	✓	✓	✓	
PERSONAL	109 GROOMING-SHAVE							
PERSONAL	110 GROOMING-NAILS							
PERSONAL	111 DRESSING	✓	✓	✓	✓	✓	✓	
PERSONAL	112 SKIN CARE	✓	✓	✓	✓	✓	✓	
PERSONAL	113 FOOT CARE							
PERSONAL	114 TOILETING-DIAPER							
PERSONAL	115 TOILETING- COMMUNE							
PERSONAL	116 TOILETING-BEDPAN/URINAL							
PERSONAL	117 TOILETING- TOILET							
NUTRITION	201 PATIENT ON PRESCRIBED DIET							
NUTRITION	202 PREPARE-BREAKFAST							
NUTRITION	203 PREPARE-LUNCH							
NUTRITION	204 PREPARE-DINNER							
NUTRITION	205 PREPARE SNACK							
NUTRITION	206 ASSIST W. FEEDING							
NUTRITION	207 RECORD INTAKE-FOOD							
NUTRITION	208 RECORD INTAKE-FLUID							
ACTIVITY	300 TRANSFERRING							
ACTIVITY	301 ASSIST W. WALKING							
ACTIVITY	302 PT WALKS W. ASSISTIVE DEVICES							
ACTIVITY	305 ASSIST W. HOME EXERCISE PROG							
ACTIVITY	306 RANGE OF MOTION EXERCISES							
ACTIVITY	311 TURN & POSITION							
TREATMENT	400 TAKE TEMPERATURE							
TREATMENT	403 TAKE PULSE							
TREATMENT	404 TAKE RESPIRATIONS							
TREATMENT	405 TAKE BLOOD PRESSURE							
TREATMENT	406 WEIGH PATIENT							
TREATMENT	407 RECOORD OUTPUT (URINE/BM)							
TREATMENT	408 ASSIST WITH CATHETER CARE							
TREATMENT	409 EMPTY FOLEY BAG							
TREATMENT	410 ASSIST W. OSTOMY CARE	✓	✓	✓	✓	✓	✓	
TREATMENT	411 REMIND TO TAKE MEDICATION	✓	✓	✓	✓	✓	✓	
TREATMENT	412 ASSIST W. TREATMENT							
PATTIENT	500 CHANGE BED LINEN							
PATTIENT	501 PATIENT LAUNDRY	✓	✓	✓	✓	✓	✓	
PATTIENT	502 LIGHT HOUSEKEEPING	✓	✓	✓	✓	✓	✓	
PATTIENT	505 CLEAN PT CARE EQUIPMENT	✓	✓	✓	✓	✓	✓	
PATTIENT	506 DO PATIENT SHOPPING & ERRANDS	✓	✓	✓	✓	✓	✓	
PATTIENT	508 ACCOMPANY PT TO MED. APPMNT							
PATTIENT	509 DIVERSIONAL ACTIVITIES- SPEAK/READ	✓	✓	✓	✓	✓	✓	
PATTIENT	511 MONITOR PATIENT SSAFETY	✓	✓	✓	✓	✓	✓	
	<b>PT INITIALS</b>							
	<b>CAREGIVER INITIALS</b>							

<b>PATIENT SIGNATURE:</b>	<b>CAREGIVER SIGNATURE:</b>
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\*\*\*If you miss a clock-in or clock-out, the timesheet must be in by 5pm on Monday each week. Timesheets received after 5pm Monday on a payroll week may not be entered in time to be reflected in your pay for that week.\*\*\*



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		<b>SCHEDULE</b>						
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<b>PATIENT SIGANATURE:</b>	<b>CAREGIVER SIGNATURE:</b>
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