

Personal Care Aide Documentation

This form is being used to document the:

1st visit of the day 3rd visit of the day
 2nd visit of the day there is only one visit/day

Individual Name: _____ Provider Name: _____

Day	Date	Time am/pm		Individual's Signature					Provider Signature
		In	Out						
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Response to Care Observations
Tub/Shower								Monday:
Assist to Dress								
Oral Hygiene								
Shampoo Hair								Tuesday:
Comb Hair								
Foot Care								
Nail Care								Wednesday:
Exercises								
Transfers								
Change Bedding								Thursday:
Make Bed								
Laundry								
Mea Prep								Friday:
Kitchen Cleaning								
Bathroom Cleaning								
Vacuum/Dust								Saturday:
Groceries/errand								
Transfers								
School transport								Sunday:
DR Appointment								

Please note time spent on each task in above boxes by number of units = 15 minute periods
 If a needed service is not provided, indicate reason on back of form.

TEAM COMMUNICATION

pleted before bill

Signature

Office