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HOME HEALTH AIDE TIMESHEET

CLIENT NAME (first, mi, last)	HOME HEALTH AIDE (first, mi, last)
FOR THE WEEK OF:	

DATE OF SERVICE (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY TOTAL HOURS							
TOTAL HOURS FOR WEEK							

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BATH	Bath/Shower							
	Sponge Bath/Bed Bath							
	Manspico							
	Shave							
	Oral Care/Denture Care							
BLADDER / BOWEL	Dressing							
	Catheter Care							
	Toilet/Commode							
	Bedpan/Urinal							
	Brick/Pad							
	Incontinent							
	Peri Care							
AMBULATION	Distance							
	Frequency							
	Assist with Transfers							
	Use Transfer Belt							
	Bedbound							
	Weight Bearing: Full/Partial							
	Cane/Crutches							
RANGE OF MOTION	Walker/Wheelchair							
	PHOM U L							
	ADOM U L							
	Apply Limb Prosthesis							
	Braces							
SKIN	TEDS/Acc Wraps							
	Lotion to Skin							

Sample Work Sheet Of Home Health Aide

R Bogdan



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