

Anchor Health Home Care Services, Inc.

318 Troy Avenue Brooklyn, NY 11213 Phone: 718-537-2000 Fax: 718-673-9492 or timesheet@anchorhc.com

HOME HEALTH AIDE DUTY SHEET

Instructional: Check (✓) off all completed tasks. Complete all tasks which are either checked or noted on patient Plan of Care.

Emp. Name _____ Agency _____ Coor _____ SS # _____ Emp. # _____	Pt. Name _____ Address _____ Phone _____ Year _____ P.T ID # _____
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1. USE BLACK INK ONLY. 2. Fill this form out everyday that you visit this patient. 3. You and the patient must sign daily. 4. In case of emergency, call 911, and then notify 718-537-2000 5. Mail or bring this form to your agency every Friday.	PUT DATE VISITED ↓ IN EACH BOX →	SUN	MON	TUES	WED	THUR	FRI	SAT
	TIME ARRIVED IN PATIENT'S HOME							
	TIME LEFT PATIENT							
	TOTAL HOURS WORKDED							

PERSONAL CARE	S	M	T	W	T	F	S	TREATMENTS/SPECIAL NEEDS	S	M	T	W	T	F	S	
BATH <input type="checkbox"/> TOTAL <input type="checkbox"/> CARE <input type="checkbox"/> ASSIST								TUB (100) SHOWER (101) BED (102)								TAKE TEMPERATURE: (400) <input type="checkbox"/> ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILLARY TAKE PULSE (4003) TAKE RESPIRATION (404) TAKE BLOOD PRESSURE (405)
MOOUTH CARE/DENTURE CARE (106)																WEIGH PATIENT (406) RECORD OUTPUT (407) (URINE/BM)
HAIR CARE								COMB (107) SHAMPOO (108)								ASSIST WITH CATHETER CARE (408)
GROOMING								SHAVE (109) NAILS (110)								EMPTY FOLEY BAG (409) ASSIST WITH OSTOMY CARE (410) REMIND TO TAKE MEDICATION (411)
DRESSING (111)																ASSIST WITH TREATMENTS. (412) SPECIFY AS WRITTEN ON POC
SKIN CARE (112)																
FOOT CARE (113)																
TOILETING - <input type="checkbox"/> BEDPAN/URINAL (116) <input type="checkbox"/> DIAPER - (114) <input type="checkbox"/> COMMUNE - (115) <input type="checkbox"/> TOILET - (117)																

NUTRITION	PATIENT SUPPORT ACTIVITIES														
DIET: <input type="checkbox"/> REGULAR <input type="checkbox"/> PRESCRIBED (201)								CHANGE BED LINEN (500)							
PREPARE: <input type="checkbox"/> BREAKFAST (202) <input type="checkbox"/> LUNCH (203) <input type="checkbox"/> DINNER (204)								PATIENT LAUNDRY (501)							
PREPARE SNACK (205)								LIGHT HOUSEKEEPNG: (502) <input type="checkbox"/> KITCHEN <input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> BATHROOM <input type="checkbox"/> PATIENT CARE EQUIPMENT							
ASSIST WITH FEEDING (206)								DO PATIENT SHOPPING & ERRANDS (506)							
RECORD INTAKE: <input type="checkbox"/> FOOD (207) <input type="checkbox"/> FLUID (208)															

ACTIVITY															
TRANSFERRING (300)								ACCOMPANY PATIENT TO MEDICAL APPOINTMENT (508)							
ASSISST WITH WALKING (301)								DIVERSIONAL ACTIVITIES-SPECIFY: (509) <input type="checkbox"/> READING <input type="checkbox"/> TALKING							
PATIENT WALKS WITH ASSISTIVE DEVICE: (302)								MONTOR PATIENT'S SAFETY (511)							
ASSIST W/HOME EXERCISE PROG.(305)								PATIENT UNABLE TO SIGN							
ASSIST WITH RANGE OF MOTION EXERCISES: (306)															
TURNING & POSITIONING(AT LEAST Q2) (311)															

	PATIENT/CAREGIVER	HHA SIGNATURE	
SAT			WED
SUN			THUR
MON			FRI
TUES			REVIEWED BY: