



CNA/HOME HEALTH AIDE WEEKLY VISIT RECORD

CAREGIVER NAME: _____

DAY =>		MON	TUES	WED	THUR	FRI	SAT	SUN	WEEK OF
DATE									_____/_____/_____ THROUGH _____/_____/_____
TIME IN									
TIME OUT									
TOTAL # OF HOURS									
ACTIVITIES		MON	TUES	WED	THUR	FRI	SAT	SUN	DATED OSERVATIONS / COMMENTS
		[Initial each task completed (i.e. John Doe... JD)] NO CHECKMARKS							
BATH	<i>(Circle One)</i>								
	Bath: Tub or Shower								
	Bed Bath: Partial or Complete								
	Assist Bath or Chair								
HYGIENE / GROOMING	Personal Care								
	Assist with Dressing								
	Hair Care- Brush/ Shampoo/Other								
	Skin Care / Foot Care (Hygiene)								
	Check Pressure Areas								
	Shave / Groom / Deodorant								
	Nail Hygiene								
	Oral Care - Brush/Swab/Dentures								
	Assist with Toileting								
PROCEDURES	Assistance with Self-Medication								
VITALS	Blood Pressure <i>(Initial and Reading)</i>								
ACTIVITY	Ambulation Assist <i>(circle one)</i> Wheelchair, Walker or Cane								
	Transfer Assist								
	ROM – Active / Passive								
	Positioning – Encourage/ Assist to Turn q _____ Hrs.								
NUTRITION	Meal Preparation								
	Assist with Feeding								
	Grocery Shopping								
OTHER	Laundry								
	Light Housekeeping – Bedroom/ Bathroom/Kitchen								
	Change Bed Linen								

CAREGIVER SIGNATURE _____	DATE _____
PATIENT / CLIENT NAME – (Last Name, First Name)	Patient/Client Signature _____ Date _____