



# 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)] <b>NO CHECKMARKS</b>							
<b>BATH</b>	(Circle One)								
	Bath: Tub or Shower								
	Bed Bath: Partial or Complete								
	Assist Bath or Chair								
<b>HYGIENE / GROOMING</b>	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								
<b>PROCEDURES</b>	Assistance with Self-Medication								
<b>VITALS</b>	Blood Pressure <i>(Initial and Reading)</i>								
<b>ACTIVITY</b>	Ambulation Assist <i>(circle one)</i> Wheelchair, Walker or Cane								
	Transfer Assist								
	ROM – Active / Passive								
	Positioning – Encourage/ Assist to Turn q _____ Hrs.								
<b>NUTRITION</b>	Meal Preparation								
	Assist with Feeding								
	Grocery Shopping								
<b>OTHER</b>	Laundry								
	Light Housekeeping – Bedroom/ Bathroom/Kitchen								
	Change Bed Linen								
CAREGIVER SIGNATURE _____								DATE _____	
PATIENT / CLIENT NAME – (Last Name, First Name)					Patient/Client Signature			Date	

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