

Anchor Health Home Care Services, Inc.
318 Troy Avenue Brooklyn, NY 11213 ~ Phone: 718-537-2000 Fax: 718-673-9492
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 _____ Coord _____ SS # _____ Emp. # _____	Pt. Name _____ Address _____ Phone _____ Year _____ PT ID # _____
--	---

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 Monday.	PUT DATE VISITED ↓ IN EACH BOX →	SAT	SUN	MON	TUE	WED	THUR	FRI
	TIME ARRIVED IN PATIENT'S HOME	/	/	/	/	/	/	/
	TIME LEFT PATIENT							
	TOTAL HOURS WORKED							

PERSONAL CARE	S	M	T	W	T	F	S	TREATMENTS/SPECIAL NEEDS	S	M	T	W	T	F	S
BATH <input type="checkbox"/> TOTAL								TAKE TEMPERATURE: (400) <input type="checkbox"/> ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILLARY							
CARE <input type="checkbox"/> ASSIST								TUB (100) SHOWER (101) BED (102)	TAKE PULSE (4003)						
MOUTH CARE/DENTURE CARE (106)								TAKE RESPIRATION (404)							
HAIR CARE								TAKE BLOOD PRESSURE (405)							
GROOMING								WEIGH PATIENT (406)							
DRESSING (111)								RECORD OUTPUT (407) (URINE/BM)							
SKIN CARE (112)								ASSIST WITH CATHETER CARE (408)							
FOOT CARE (113)								EMPTY FOLEY BAG (409)							
TOILETING - <input type="checkbox"/> BEDPAN/URINAL (116) <input type="checkbox"/> DIAPER- (114) <input type="checkbox"/> COMMUNE- (115) <input type="checkbox"/> TOILET- (117)								ASSIST WITH OSTOMY CARE (410)							
NUTRITION								RECORD INTAKE: <input type="checkbox"/> FOOD (207) <input type="checkbox"/> FLUID (208)	REMIND TO TAKE MEDICATION (411)						
DIET: <input type="checkbox"/> REGULAR <input type="checkbox"/> PRESCRIBED (201)								ASSIST WITH TREATMENTS. (412) SPECIFY AS WRITTEN ON POC							
PREPARE: <input type="checkbox"/> BREAKFAST (202) <input type="checkbox"/> LUNCH (203) <input type="checkbox"/> DINNER (204)								PATIENT SUPPORT ACTIVITIES							
PREPARE SNACK (205)								CHANGE BED LINEN (500)							
ASSIST WITH FEEDING (206)								PATIENT LAUNDRY (501)							
ACTIVITY								LIGHT HOUSEKEEPNG: (502) <input type="checkbox"/> KITCHEN <input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> BATHROOM <input type="checkbox"/> PATIENT CARE EQUIPMENT							
TRANSFERRING (300)								DO PATIENT SHOPPING & ERRANDS (506)							
ASSIST WITH WALKING (301)								ACCOMPANY PATIENT TO MEDICAL APPOINTMENT (508)							
PATIENT WALKS WITH ASSISTIVE DEVICE: (302)								DIVERSIONAL ACTIVITIES-SPECIFY: (509) <input type="checkbox"/> READING <input type="checkbox"/> TALKING							
ASSIST W/HOME EXERCISE PROG. (305)								MONITOR PATIENT'S SAFETY (511)							
ASSIST WITH RANGE OF MOTION EXERCISES: (306)								PATIENT UNABLE TO SIGN							
TURNING & POSITIONING (AT LEAST Q2) (311)															

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