Life Care Services, Inc

1723 Avenue M, Brooklyn, NY, 11230
TEL: 718-252-1515
FAX: 800-435-0598

Instructions: 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_____ ADM.ID#_____ YEAR 2020

1. USE BLACK INK ONLY
2. Fill this form out every day that you visit this patient
3. You and the Patient must sign daily.
4. In case of a patient emergency, call 911 and then notife Life Care Services
5. Mail or bring this form to you Agency every Friday

PUT DATE VISITED IN EACH BOX	SAT /	SUN /	MON /	TUES /	WED /	THUR /	FRI /
TIME ARRIVED IN PATIENT'S HOME							
TIME LEFT PATIENT'S HOME							
TOTAL HOURS WORKED							

PERSONAL CARE	S	S	M	T	W	TH	F
BATH ☐ TOTAL CARE ☐ ASSIST — TUB 100							
SHOWER 101							
BED 102							
MOUTH CARE/DENTURE CARE 106							
HAIR CARE — COMB 107							
SHAMPOO 108							
GROOMING — SHAVE 109							
NAILS 110							
DRESSING 111							
SKIN CARE 112							
FOOT CARE 113							
TOILETING: DIAPER 114 COMMODE 115 BEDPAN/URINAL 116 TOILET 117							

TREATMENTS/SPEACIAL NEEDS	S	S	M	T	W	TH	F
TAKE TEMPERATURE: ☐ ORAL ☐ RECTAL ☐ AXILLARY 400							
TAKE PULSE 403							
TAKE RESPIRATION 404							
TAKE BLOOD PRESSURE 405							
WEIGH PATIENT 406							
RECORD OUTPUT (URINE/BM) 407							
ASSIST WITH CATHETER 408							
EMPTY FOLEY BAG 409							
ASSIST WITH OSTOMY CARE 410							
REMIND TO TAKE MEDICATION 411							
ASSIST WITH TREATMENTS SPECIFY AS WRITTEN ON POC: 412							

NUTRITION							
DIET: REGULAR PRESCRIBED 201							
PREPARE: BREAKFAST 202 SNACK 205 LUNCH 203 DINNER 204							
ASSIST WITH FEEDING 206							
RECORD INTAKE: FOOD 207 FLUID 208							

PATIENT SUPPORT ACTIVITIES							
CHANGE BED LINEN 500							
PATIENT LAUNDRY 501							
LIGHT HOUSEKEEPING: 502 ☐ PATIENT ROOM KITCHEN ☐ BATHROOM PATIENT CARE EQUIPMENT							
SHOPPING 506							

ACTIVITY							
TRANSFERRING 300							
ASSIST WITH WALKING 301							
DEVICE IN USE: 302 CANE WALKER CRUTCHES							
ASSIST WITH HOME EXERCISE PROGRAM 305							
ASSIST WITH RANGE OF MOTION 306 EXERCISES: RIGHT ARM LEFT ARM RIGHT FOOT LEFT FOOT NECK							
TURNING AND POSITIONING (AT LEAST Q2) 311							

ACCOMPANY PATIENT TO MEDICAL APPOINTMENT 508							
UNIVERSAL/STANDARD PRECAUTIONS							
MONITOR PATIENT SAFETY 511							
PATIENT IS UNABLE TO SIGN							

	PATIENT	HHA SIGNATURE		PATIENT	HHA SIGNATURE
SAT			WED		
SUN			THUR		
MON			FRI		
TUES					