

PROVIDER AIDE RECORD
(Personal/Respite Care)

Recipient's Name: John Smith

Phone: _____

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DATE (Month/Day/Year):	6/1/02	6/2/02	6/3/02	6/4/02	6/5/02	1/1	1/1
ACTIVITY:							
Complete/Partial Bath	✓	✓	✓	✓	✓		
Dress/Undress	✓	✓	✓	✓	✓		
Assist with Toileting	✓	✓	✓	✓	✓		
Transferring	✓	✓	✓	✓	✓		
Personal Grooming	✓	✓	✓	✓	✓		
Assist with Eat/Feed							
Ambulation							
Turn/Change Position							
Vital Signs							
Assist with Self-Admin. Medication	✓	✓	✓	✓	✓		
Bowel/Bladder							
Wound Care							
ROM							
Supervision							
Prepare Breakfast	✓	✓	✓	✓	✓		
Prepare Lunch	✓	✓	✓	✓	✓		
Prepare Dinner							
Clean Kitchen/Wash Dishes	✓	✓	✓	✓	✓		
Make/Change Bed Linen	✓	✓	✓	✓	✓		
Clean Areas Used by Recipient	✓	✓	✓	✓	✓		
Listing							
Supplies/Shopping							
Recipient's Laundry	✓	✓	✓	✓	✓		
Medical Appointments							
Work/School/Social							
Other							
DAILY TIME IN	8:00A	8A	8A	8A	8A		
DAILY TIME OUT	12:00	12P	12P	12P	12P		
NUMBER OF HOURS	4	4	4	4	4		

Weekly Comments: Complained of pain in his left ^{foot} but no marks noticed when bathing completed. RN notified. Mr. Smith ate well at breakfast and lunch this week.

Weekly Signatures:

Recipient/Family's Signature _____ Date _____

Print Aide's Name _____

Mary Blue 6/5/02

RN's Signature (not mandatory) _____ Date _____

Aide's Signature _____ Date: _____