



**HOME HEALTH SOLUTIONS GROUP – AIDE WEEKLY PROGRESS NOTE**

Client Name \_\_\_\_\_

MR# \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
<b>BATH</b>							
Bath in Bed / Shower / Tub / partial / Complete / With Chair / 3:1 Commode / Sponger Bath							
<b>PERSONAL CARE</b>							
Oral Care / Denture / Brush							
Skin / Back Care / Lotion							
Pericare							
Shave							
Shampoo							
Hair Care / Brush							
Nail Care ( Clean Do Not Cut / File)							
Check for Pressure Areas							
Assistance with Dress / Undress							
Incontinence Care							
Date of last bowel movement							
Caterer / Diaper / Perineum Care							
<b>AMBULATING ASSISTANCE</b>							
With SBA / With Contact / Gait Belt / With Device: _____							
Transported Patient with Wheelchair							
Used Hoyer Lift							
Turn / Reposition in Bed							
<b>MEDICATION MANAGEMENT</b>							
Medication Reminder (Notify Agency immediately if any adverse effect are noted)							
<b>NUTRITION</b>							
Offer / Encourage Fluids							
Prepare light meals							
Assist / Feed Patient							
<b>HOMEMAKING / OTHER</b>							
Grocery Shopping							
Make Bed / Change Linens / Wash Clothes							
Light Cleaning							
<b>COMPANION</b>							
Walking / Sitting with Patient							
<b>RESPIRE</b>							
Relief for caregiver							
<b>CHORE</b>							
Deep Cleaning / Organizing Packing / Unpacking							
Reading							
Socialize / Communicate							
<b>ESCORT</b>							
Accompany to appointments and Social Gatherings							
<b>OTHER:</b> _____							

	DATE	TIME IN	TIME OUT	CLIENT SIGNATURE (*)
SUN				
MON				
TUES				
WED				
THU				
FRI				
SAT				

(\*) By signing this work log, client and aide indicates that all work was perform as directed / Al firmar esta forma cliente y aide indican que el trabajo ha sido realizado cumpliendo las directivas.

Employee Name: \_\_\_\_\_ Employee Signature / Title: \_\_\_\_\_