

Anchor Health Home Care Services, Inc.
958 Nostrand Avenue Brooklyn, NY 11225 ~ 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 # _____
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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	S	M	T	W	T	F	TREATMENTS/SPECIAL NEEDS	S	S	M	T	W	T	F
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								TAKE PULSE (4003)							
MOUTH CARE/DENTURE CARE (106)								TAKE RESPIRATION (404)							
HAIR CARE								TAKE BLOOD PRESSURE (405)							
COMB (107)								WEIGH PATIENT (406)							
SHAMPOO (108)								RECORD OUTPUT (407) (URINE/BM)							
GROOMING								ASSIST WITH CATHETER CARE (408)							
SHAVE (109)								EMPTY FOLEY BAG (409)							
NAILS (110)								ASSIST WITH OSTOMY CARE (410)							
DRESSING (111)								REMIND TO TAKE MEDICATION (411)							
SKIN CARE (112)								ASSIST WITH TREATMENTS. (412) SPECIFY AS WRITTEN ON POC							
FOOT CARE (113)															
TOILETING - <input type="checkbox"/> BEDPAN/URINAL (116) <input type="checkbox"/> DIAPER- (114) <input type="checkbox"/> COMMUNE- (115) <input type="checkbox"/> TOILET- (117)															

NUTRITION	PATIENT SUPPORT ACTIVITIES															
DIET: <input type="checkbox"/> REGULAR <input type="checkbox"/> PRESCRIBED (201)								CHANGE BED LINEN (500)								
PREPARE: <input type="checkbox"/> BREAKFAST (202) <input type="checkbox"/> LUNCH (203) <input type="checkbox"/> DINNER (204)								PATIENT LAUNDRY (501)								
PREPARE SNACK (205)								LIGHT HOUSEKEEPNG: (502) <input type="checkbox"/> KITCHEN <input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> BATHROOM <input type="checkbox"/> PATIENT CARE EQUIPMENT								
ASSIST WITH FEEDING (206)								DO PATIENT SHOPPING & ERRANDS (506)								
RECORD INTAKE: <input type="checkbox"/> FOOD (207) <input type="checkbox"/> FLUID (208)																

ACTIVITY																
TRANSFERRING (300)								ACCOMPANY PATIENT TO MEDICAL APPOINTMENT (508)								
ASSIST WITH WALKING (301)								DIVERSIONAL ACTIVITIES-SPECIFY: (509) <input type="checkbox"/> READING <input type="checkbox"/> TALKING								
PATIENT WALKS WITH ASSISTIVE DEVICE: (302)								MONITOR PATIENT'S SAFETY (511)								
ASSIST W/HOME EXERCISE PROG. (305)								PATIENT UNABLE TO SIGN								
ASSIST WITH RANGE OF MOTION EXERCISES: (306)																
TURNING & POSITIONING (AT LEAST Q2) (311)																

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