Personal Care Aide/Homemaker/Companion
Visit Note

A selection MUST be made for each authorized service.
✓ = Performed R = Refused
Incomplete timecards will not be accepted.

Week Of: _____/_____/_____ to _____/_____/_____

	SUN	MON	TUES	WED	THURS	FRI	SAT	COMMENTS
Consumer Name: **Visit Date**								
Employee Name: **Time In**								
Time Out								
Consumer-Specific Service Plan Reviewed Daily								
Safety: ☐ Side Rails ☐ Supervise Activity ☐ Universal Precautions								
Bathing Assistance: ☐ Tub ☐ Shower ☐ Bed ☐ Bench/Chair								
Oral Care: ☐ Denture Care ☐ Brush Teeth ☐ Mouthwash								
Hair Care: ☐ Shampoo ☐ Comb/Brush ☐ Set								
Skin Care: ☐ Skin Care/Lotion ☐ Turn/Position ☐ Wound Care								
Feet: ☐ Foot Care ☐ Lotion ☐ Elevate Feet								
Hygiene: ☐ Shave ☐ Deodorant ☐ Powder ☐ Lotion								
Nail Care: ☐ File ☐ Clean ☐ Hands ☐ Feet								
Dressing/Undressing: ☐ Upper ☐ Lower								
Elimination: ☐ Incontinence Care ☐ Adult Briefs ☐ Catheter								
Catheter/Ostomy: ☐ Empty/Change Bag ☐ Catheter Care								
Toileting: ☐ Assist ☐ Urinal/Bed Pan ☐ BSC ☐ Empty/Clean BSC								
Ambulation: ☐ Assist ☐ Gait Belt ☐ Walker ☐ WC ☐ Cane								Distance
Transfer Assistance: ☐ Stand/Pivot ☐ Hoyer Lift ☐ Sliding Board ☐ Trapeze								
Prosthetics: ☐ Using a Prosthetic Device								
Support Stockings: ☐ Remove ☐ Apply								
Exercise Program: ☐ Supervising/Coaching/Cueing ☐ Range of Motion ☐ Supervised Walks								
Meals: ☐ Planning ☐ Prepare B / L / D / Snack ☐ Ate: G / F/ P								Diet:
Food: ☐ Encourage to Eat ☐ Feed ☐ Assist Feeding ☐ G-Tube								
Fluids: ☐ Encourage Fluids ☐ Restrict Fluids								Amount:
Bathroom: ☐ Clean Sink/Toilet/Tub/Shower ☐ Mop Floors								
Kitchen: ☐ Mop ☐ Sweep ☐ Dishes ☐ Trash Removal ☐ Clean Tabletop								
Bedroom: ☐ Make Bed ☐ Change Linens ☐ Vacuum ☐ Dust								
Living Room: ☐ Vacuum ☐ Sweep ☐ Dust ☐ Tidy								
Laundry: ☐ Wash ☐ Dry ☐ Fold ☐ Iron ☐ Put Away								
Travel/Transportation: ☐ Errands ☐ Groceries/Shopping ☐ Escort to Dr. Appointment ☐ Secure Transportation								
Companionship/Support: ☐ Telephone ☐ Social/Leisure ☐ Reading/Writing								
Medications: ☐ Med Reminder ☐ Med Assist ☐ Glucose Monitor Remind								
Miscellaneous: ☐ Appt Scheduling ☐ Manage Finances ☐ Caring for Personal Possessions ☐ Obtaining Seasonal Clothing								
Reports to Supervisor: ☐ Change in Status ☐ Identified Concerns								
Other:								
TOTAL HOURS WORKED: REG/OT								

Consumer/Authorized Representative Signs Daily **Date** **Employee Signature and Title **Must Sign Daily****

SUN _____ ___/___/___ _____

MON _____ ___/___/___ _____

TUES _____ ___/___/___ _____

WED _____ ___/___/___ _____

THURS _____ ___/___/___ _____

FRI _____ ___/___/___ _____

SAT _____ ___/___/___ _____

Please submit by Monday9:30 am Fax: (610) 433-7196/Email: allentowntimecards@dedicatednurses.com
In the event of an emergency, Please call your DNA Supervisor at (877) 227-6656