



# ALLIANCE

*Healthcare Partners llc*

## WEEKLY VISIT RECORD

EMPLOYEE NAME: \_\_\_\_\_

WEEK BEGINNING SUNDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

WEEK ENDING SATURDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT NAME: \_\_\_\_\_ TOTAL WEEKLY HOURS: \_\_\_\_\_

DATE	VISIT 1				VISIT 2				DAILY HOURS
	IN	OUT	CLIENT SIGNATURE	EMPLOYEE SIGNATURE	IN	OUT	CLIENT SIGNATURE	EMPLOYEE SIGNATURE	
S									
M									
T									
W									
T									
F									
S									

**\*\* PLEASE INITIAL IN THE APPROPRIATE BOXES TO INDICATE TASKS COMPLETED - CIRCLE IF CLIENT DECLINED \*\***

	VISIT 1							VISIT 2						
	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
<b>ASSIGNMENT</b>														
<b>GROOMING AND DRESSING</b>														
HAIR CARE														
SHAMPOO														
SKIN CARE														
MOUTH / DENT														
FOOT CARE														
NAIL CARE														
DRESSING														
OTHER														
<b>BATHING</b>														
PERSONAL CARE														
TUB BATH														
SHOWER														
BED BATH PARTL														
BED BATH COMP														
SPONGE BATH														
OTHER														
<b>AMBULATION / ASSISTIVE DEVICE USE</b>														
WALKER														
CANE														
WHEEL CHAIR														
BSC														
ROM EXER(PT/OT)														
HOME EXERCISE														
REPOSITN IN BED														
OTHER														
<b>COMMENTS:</b>														

**HOUSEKEEPING**

	VISIT 1							VISIT 2						
	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
LIGHT LAUNDRY														
CHANGE BED LN														
MAKE BED														
LIGHT CLEANING														
BEDROOM														
BATHROOM														
KITCHEN														
CLEAN EQUIP														
DUST														
SWEEP														
VACUUM														
TRASH														
FEED/CARE PETS														
WATER PLANTS														
OTHER														

**NUTRITION / HYDRATION**

	VISIT 1							VISIT 2						
	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
PREP MEAL(DIET)														
FLUID INTAKE														
ASSIST FEEDING														
REMND ORAL SUP														
OTHER														

**PERFORM / ASSIST WITH PROCEDURES**

	VISIT 1							VISIT 2						
	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
WOUND DRG														
PRESSURE PTS														
HYGEINE/TOILTG														
OSTOMY CARE														
CATHETER CARE														
CATHETER BAG														
MED REMINDER														
OTHER														