



24560 South Kings Road, Crete, IL 60417
 Telephone# (708)-367-1300
 Fax# (708)-367-1311
 Email: healthy1300@att.net

Patient Name: _____

Patient ID: _____

Home Health Aide: _____

Date of Visit: _____

Time in: _____ Time Out: _____

Patient/Caregiver Signature: _____

Please Check **2 Patient Identifiers**

HOME HEALTH AIDE VISIT REPORT

Personal Care ADL's	Independent	Assist	Total	Mobility	Independent	Assist
Bed/Bath				Activity		
Tub/Shower				Assistive Device:		
Sponge Bath				Toilet/Bedside Commode		
Shampoo				Position in Bed		
Shave				Transfer Bed/Chair		
Comb/Brush Hair				Range of Motion Active/Passive		
Skin Care/Back Rub				Homemaking Activity Done This Visit		
Foot Care				Bed Linen Change	Yes No	
Perineal/Incont. Care				Wash Patient Laundry	Yes No	
Mouth/Denture Care				Clean Patient Area	Yes No	
Dressing Assistance				Clear Pathways	Yes No	
				Prepare Meal	Yes No	

Procedures	Done	Not Done
Temperature O/R/A		
Pulse AP/RAD		
Respirations		
B/P L/R		
Weight		
Catheter Care		
Change Foley Bag	Amount:	
Empty Ostomy Pouch		
Enema		
Decubitus Care		
Reminding Pt. to take meds		
Nutrition		
Diet		
Encourage Fluids		
Fluid Restrictions		

Unusual Occurrences		
Safety Measures Discussed?	Yes	No
Pain Assessment: patient have pain?	Yes	No
Location	Intensity(1-10)	
Scale Used:	Numeric	Flacc Face
Does pain interfere with ADL's?	Yes	No
If severe, or 5 and greater reported to CM _____ via _____		
Case manager / Supervisor Notified?		
Pain Assessment: patient have pain?	Yes	No

