

# matrix

HOME HEALTH CARE

## Aide Activity Note

Patient/Client Name: \_\_\_\_\_

	SAT	SUN	MON	TUE	WED	THU	FRI
DATE:							
TIME IN:							
TIME OUT:							
CLIENT/PATIENT INITIALS:							
<b>NUTRITION</b>							
Prepare Meals							
Serve Meals							
Offer Fluids							
Assist with Eating							
<b>TRANSFERRING</b>							
Wheelchair							
Chair							
Bedrest							
Other							
<b>DRESSING</b>							
Self							
Assist							
Other							
<b>PERSONAL CARE</b>							
Tub Bath/Shower							
Partial/Complete Bed Bath							
Oral Hygiene							
Shampoo							
Skin Care/Grooming							
Shaving							
<b>TOILETING</b>							
Toilet							
Bedside Commode							
Bedpan/Urinal							
Empty Cath Drainage Bag							
Empty Ostomy Appliance							
Diapers/Depends							
<b>AMBULATION</b>							
Ambulation							
Device							
Assist							
Walker							
<b>OTHER</b>							
Medication Reminder							

DATE	CAREGIVER COMMENTS

Caregiver Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

*Patient/Designee: I certify that the employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip.*

Patient/Client Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_