



A.C.T. HOME CARE, INC.

AIDE WORKSHEET

CLIENT NAME _____ MR# _____

MONTH _____ YEAR _____

DATE	MON	TUE	WED	THU	FRI	SAT	SUN
AM/PM							
TIME IN							
TIME OUT							
TOTAL							
EMPLOYEE SIGNATURE							

By my signature above I submit that this worksheet is correct and that I have performed the activities indicated to the best of my ability. I am aware that failure to sign & turn in paperwork by 12 noon on Mondays will result in disciplinary action.

WEEKLY TOTAL _____

I have reviewed this activity record and verify that it corresponds to the assignment/care plan. Any comments/concerns have been documented on progress notes and have been discussed with appropriate parties.

RN SUPERVISOR _____ DATE _____

	MON	TUE	WED	THU	FRI	SAT	SUN
PERSONAL CARE SERVICES							
Bath / Shower / Bed Bath							
Ambulation/Transfer							
Hair Care							
Oral Care							
Skin Care/Shaving/Nails (file only)							
Dressing							
Toileting/Diapering							
Observe Skin							
NUTRITIONAL SUPPORT							
Prepare Meals/Clean Up							
Feed Patient/Assist							
Offer Fluids							
Homemaker Services							
Vacuum							
Dust							
Empty Trash							
Mop							
Clean Client's Room							
Clean Kitchen							
Clean Bathroom							
Laundry/Linens							
Other							
MEDICALLY RELATED							
Remind client to take meds							
Watchful Oversight							

**Worksheets Due by
12:00 Noon Mondays
NO EXCEPTIONS!!**

CLIENT SIGNATURE

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