



HCA Weekly Visit Record

Client's Name: _____

Employee's Name: _____

Monday's Date _____

Sunday's Date _____

Date							
Time In							
Time Out							
Total Hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Personal Care							
Shower/Tub							
Bed Bath							
Sponge Bath							
Peri Care							
Shampoo							
Hair Care							
Shave							
Skin Care							
Grooming							
Oral Hygiene							
Hand/Foot Care							
Assist w/ Dressing							
Assist w/ Toileting							
Catheter Care							
Empty Urine Bag							
Change Diaper/ Briefs							
Assist w/ Bedside Commode							
Assist w/ Bedpan/Urinal							
Turn and Position							
Assist w/ Transfer							
Hoyer Lift							
Assist w/ Ambulation							
Homemaking							
Vacuum/ Shake Rugs							
Dust							
Clean Bathroom							
Empty Trash							
Clean Kitchen							
Make Bed							
Change Linen							
Laundry							
Meal Prep							
Prepare/Serve Meal							
Assist/Fed Client							
Other							
Shopping/Errands							
Read to Client/ Puzzles							
Assist Client w/ Letters							
Accompany Client							
Socialize w/client							
Please write refused in proper task box under the proper day if client refuses care							
Day	Employee Signature			Client Signature			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Universal Precautions Followed