

A & D AND AHC VISITING NOTE

PATIENT NAME: _____ Julie Moore _____ EMPLOYEE NAME: ___ Sue Danko _____ BRANCH _____ Richmond _____

OFFICE USE ONLY

DAY	MARE	ATTN	HKM	PA	CHOICE	PVT	INSU	RES	VA	SSBG	T3	T3E	VHSP
MON													
TUES													
WED													
THUR													
FRI													
SAT													
SUN													

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	TYPE1	TYPE2	TYPE3	PT INITIAL	STAFF INITIAL
MON	3/2 3/2	9:00am 11:00am	11:00am 1:00pm	2 3	HMK ATTN			J	S
TUES									
WED	3/9	3:00PM	6:00PM	3	ATTN				
THUR									
FRI									
SAT									
SUN									

TYPES: ATTN/HMK/CHOICE/PA/RES/MEDICARE/T3/T3E/SSBG/CHSP/INSUR

WEEKLY HOURS: _____ 8 _____

DESCRIPTION	M	T	W	TH	F	SA	SU	DESCRIPTION	M	T	W	TH	F	SA	SU
TUB/SHOWER ASSIST	X							REPOSITION BED/CHAIR PATIENT							
BATHROOM CLEAN UP	X							MEDICATION REMINDERS							
PERINEAL CARE			x					ASSIST TO BR, BSC, BED PAN							
SKIN CARE/LOTION			x					CATH CARE, FOLEY/EXT							
ORAL CARE/SHAVE	X		x					INCONTINENT CARE							
SHAMPOO/COMB	X		x					PREP OF MEALS/SNACKS	X						
SAFETY PROCAUTIONS								ERRANDS							
NAILS CLEAN/FILE								KITCEN CLEAN UP	X						
DRESS/UNDRESS	X		x					BED MADE/ LINEN CHANGE							
ASSIST WITH AMBULATION	X							CLIENT LAUNDRY DONE	X						
RANGE OF MOTION	X							MAINT. CLEAN EQUIP							
TRANSFER ASSIST								VACCUM/DUSTING	X						
			A		&		D		O	N	L	Y			
MECHANICAL LIFT								OSTOMY CARE							
OTHER								RECORD INTAKE/OUTPUT							
ASSIST FEEDING								CHECK/ REINFORCE DRESSING							

EMPLOYEE SIGNATURE: _____ Sue Danko _____ PATIENT SIGNATURE _____ Julie Moore _____ POA _____