WELLOVAH HOME HEALTH CARE, LLC.

24 Hour Service
P,O,BOX 880005 BOCA RATON FL, 33488

Fax: 561-291-6279 Tel: 561-617-7027

HOME HEALTH AIDE ASSIGNMENT SHEET

ENTER X FOR EACH ACTIVITY PERFORMED EXCEPT FOR * 1, 12, 18, 20, 23, 24, 25, and 33

PATIENT NAME:_____ PHONE #:____-____-_____ DATE:____-____-_____

ADDRESS:_____ CITY:_____ FAMILY MEMBER:_____

HOURS WORK PER DAY:_____ STAFF: ( ) RN ( ) LPN ( ) CNA ( ) HHA ( ) COMPANION ( ) LIVE IN ( ) LIVE OUT
ASSISTIVE DEVICES: ( ) CANE ( ) WALKER ( ) WHEEL CHAIR ( ) HOYER ( ) LEG BRACE ( ) OTHER

DAYS:	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES WORKED:							
ACTIVITIES:							
1. BED BATH – CB, BB, PB, SHOWER (See below) *							
2. Comp Hair							
3. Shampoo							
4. Nail & Foot Care (Do Not Cut Nails)							
5. Skin Care							
6. Oral Hygiene							
7. Shave							
8. Assist / Dressing							
9. Assist With Positioning Client							
10. Toilet Training (Incontinent)							
11. Assist To Bathroom, Urinal, Bedpan, Commode							
12. Diet / Teach *							
13. Assist With Breakfast							
14. Assist With Lunch							
15. Assist With Dinner							
16. Prepare							
17. Serve							
18. % Of Meal Taken (Eg. 100%, 70%, 50%) *							
19. Medication Reminder							
20. Amount Of Fluid Take (Eg 1 Cup, 4 Cups) *							
21. BM							
22. Activity:							
23. Rom Exercises: (Active / Passive) *							
24. Temp-Pulse-Resp *							
25. Client Lives Alone (Yes / No) *							
26. Grocery Shopping							
27. Make / Change Bed							
28. Vacuum / Mop/ Dust							
29. Clean Bathroom							
30. Clean Kitchen							
31. Laundry							
32. Clean Client's Room							
33. Side Rail Of Bed Up / Down / N/A *							

ANY OTHER ACTIVITIES PERFORMED PLEASE NOTE ON OPPOSITE SIDE OF THIS FORM

CB: Complete Bath------BB: Bed Bath------PB: Partial Bath-----Shower

Client's Signature:_____ Worker's Signature:_____

Worker's Printed Name:_____ Title:_____