

**HEALING HANDS HOME HEALTH CARE
H.H.A. VISIT NOTE**

Client Name: _____
 Date: _____ Time in _____ Time out _____

Vitals

_____ Temp
 _____ Pulse
 _____ Resp
 _____ BP
 _____ Weight

Supplies _____

Bath

_____ Bath (Tub)
 _____ Bath (Shower)
 _____ Bed & Bath Partial
 _____ Bed & Bath Complete
 _____ Bath (Chair)

Activity

_____ Assist with wk ambulation
 _____ Assist with walker ambulation
 _____ Assist with cane ambulation
 _____ Mobility assistance
 _____ ROM-active/passive
 _____ Position patient
 _____ Side rails up
 _____ Up in the chair
 _____ Bed rest

Hygiene/Grooming

_____ Personal care
 _____ Assist with Dressing
 _____ Hair Care
 _____ Skin/Foot Care
 _____ Check Pressure area
 _____ Shave/Groom/Deodorant
 _____ Nail Hygiene
 _____ Oral Care

Procedure

_____ Catheter care
 _____ Ostomy care
 _____ Record output/input
 _____ Inspect/Reinforce dressing
 _____ Assist with meds

Elimination

_____ Toileting
 _____ Bowel movement
 _____ Incontinent-urine/stool
 _____ Perinea Care

Nutrition

_____ Appetite Good/Fair/Poor
 _____ Meal prep
 _____ Assist with feeding
 _____ Fluids-limit/encourage

Other

_____ Equipment care
 _____ Sleep (bed/chair)
 _____ Grocery Shopping
 _____ Wash clothes
 _____ Light housekeeping
 _____ Change linens

Specil Treatment/Instruc _____

report any changes in patients' level of activity, responsiveness, or care routine to supervisor immediately.

Aide Signature/Title: _____ Client's Signature: _____