



CLIENT NAME: _____

1. ENSURE Client signs weekly and initials daily
2. ALWAYS Use AM/PM indicators

| AllCare, WEEKLY CLIENT VISIT RECORD | | | | TIME IN | TIME OUT | HOURS | CLIENT |
|-------------------------------------|------|-----------|---------------------|--------------|--------------|--------|----------|
| DAY | DATE | CAREGIVER | CAREGIVER SIGNATURE | Circle AM/PM | Circle AM/PM | WORKED | INITIALS |
| S | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| N | / / | | | : AM/PM | : AM/PM | | |
| M | / / | | | : AM/PM | : AM/PM | | |
| O | / / | | | : AM/PM | : AM/PM | | |
| N | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| E | / / | | | : AM/PM | : AM/PM | | |
| W | / / | | | : AM/PM | : AM/PM | | |
| E | / / | | | : AM/PM | : AM/PM | | |
| D | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |
| H | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| F | / / | | | : AM/PM | : AM/PM | | |
| R | / / | | | : AM/PM | : AM/PM | | |
| I | / / | | | : AM/PM | : AM/PM | | |
| S | / / | | | : AM/PM | : AM/PM | | |
| A | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |

| PERSONAL CARE | S | M | T | W | T | F | S | HOMEMAKER TASK | S | M | T | W | T | F | S |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|------------------------------|----------|----------|----------|----------|----------|----------|----------|
| Bathing (Bed/Tub/Shower) | | | | | | | | Sweep/Vacuum/Mop | | | | | | | |
| Hair Care (Shampoo/Comb) | | | | | | | | Dust | | | | | | | |
| Dressing/Undressing Assist | | | | | | | | Empty Trash | | | | | | | |
| Skin Care / Lotion | | | | | | | | Clean Kitchen/Dishes | | | | | | | |
| Foot Soak / Lotion | | | | | | | | Clean Client's Bathroom | | | | | | | |
| Teeth / Denture Care | | | | | | | | Clean Client's Room | | | | | | | |
| Nail Care | | | | | | | | Make Bed | | | | | | | |
| Assit w/ Shaving | | | | | | | | Change Linen | | | | | | | |
| Toileting Assist/Pad/Pull-Up | | | | | | | | Laundry | | | | | | | |
| Meal Preperation | | | | | | | | Hang/Fold Clothing | | | | | | | |
| Assist w/ Feeding | | | | | | | | OTHER | S | M | T | W | T | F | S |
| TRANSFER/AMBULATION | S | M | T | W | T | F | S | Shopping/Errands | | | | | | | |
| Assist Amulation/Walking | | | | | | | | Transportation | | | | | | | |
| Assist with Transfers | | | | | | | | Escort to Appointment | | | | | | | |
| Ambulate w/Walker | | | | | | | | Respite | | | | | | | |
| Ropositioned/Bed Mobility | | | | | | | | MEDICATION ASSISTANCE | S | M | T | W | T | F | S |
| Hoyer Lift/Assistive Device | | | | | | | | Medication Reminders | | | | | | | |

MUST be signed by Client or Client's POA

CLIENT / REP SIGNATURE: _____

DATE _____



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|-------------------------------------|------|-----------|--------------------|--------------|--------------|--------|----------|
| DAY | DATE | CAREGIVER | CAREGIVER SIGNATUR | Circle AM/PM | Circle AM/PM | WORKED | INITIALS |
| S | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| N | / / | | | : AM/PM | : AM/PM | | |
| M | / / | | | : AM/PM | : AM/PM | | |
| O | / / | | | : AM/PM | : AM/PM | | |
| N | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| E | / / | | | : AM/PM | : AM/PM | | |
| W | / / | | | : AM/PM | : AM/PM | | |
| E | / / | | | : AM/PM | : AM/PM | | |
| D | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |
| H | / / | | | : AM/PM | : AM/PM | | |
| U | / / | | | : AM/PM | : AM/PM | | |
| F | / / | | | : AM/PM | : AM/PM | | |
| R | / / | | | : AM/PM | : AM/PM | | |
| I | / / | | | : AM/PM | : AM/PM | | |
| S | / / | | | : AM/PM | : AM/PM | | |
| A | / / | | | : AM/PM | : AM/PM | | |
| T | / / | | | : AM/PM | : AM/PM | | |

| | PERSONAL CARE | | | | | | | | HOMEMAKER TASK | | | | | | | |
|------------------------------|---------------|----------|----------|----------|----------|----------|----------|------------------------------|----------------|----------|----------|----------|----------|----------|----------|--|
| | S | M | T | W | T | F | S | S | M | T | W | T | F | S | | |
| Bathing (Bed/Tub/Shower) | | | | | | | | Sweep/Vacuum/Mop | | | | | | | | |
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| Assist w/ Feeding | | | | | | | | OTHER | S | M | T | W | T | F | S | |
| TRANSFER/AMBULATION | S | M | T | W | T | F | S | Shopping/Errands | | | | | | | | |
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| Assist with Transfers | | | | | | | | Escort to Appointment | | | | | | | | |
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