

Caregiver Visit Note

Week Start (Sun) _____ Week End (Sat) _____
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Client Name: _____

Caregiver Name: _____

Office Use Only
Payer:

Day	Date include year	Time In (am/pm)	Time Out (am/pm)	Total hrs	Travel Time	Miles	Caregiver Signature	Client Signature
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								

Total									Please checkmark the tasks you have completed for that day
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Personal Care	SU	MO	TU	WE	TH	FR	SA	Activities	SU	MO	TU	WE	TH	FR	SA	
Shower								Companionship/Respite								
Shower w/ Chair								Medication Reminder								
Tub Bath								Assist with Transfers								
Chair Bath								Assist with Ambulation								
Bed/Sponge Bath								Stand by Assist								
Assist Shoes/ Socks								Cane								
Assist w/Dressing								Walker								
Observe for Pressure Areas								Wheelchair								
Oral/ Denture Care								Exercise as prescribed								
Foot Care								Dangle on side of bed								
Skin Care								Turn and Position								
Nail Care								Hoyer Lift								
Hair Care								Gait Belt								
Shampoo Hair								Range of Motion	SU	MO	TU	WE	TH	FR	SA	
Shave								Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/>								
Assist Support Stockings								Right Leg <input type="checkbox"/> Left Leg <input type="checkbox"/>								
Elimination								Homemaking	SU	MO	TU	WE	TH	FR	SA	
Assist with Toileting								Remove Trash								
Bed Pan/ Urinal								Make Bed								
Bedside Commode								Change Linen								
Incontinence Care								Light Housekeeping								
Empty Drainage Bag								Laundry								
Catheter Care								Equipment Care								
Ostomy Bag Care								Shopping								
Record BM								Comments/Other: _____ _____ _____								
Nutrition	SU	MO	TU	WE	TH	FR	SA									
Cook/Set Meals																
Assist with Feeding																
Encourage Fluids <input type="checkbox"/>																
Limit Fluids <input type="checkbox"/>																

The signatures of the caregiver/ client, or the clients' authorized agent indicate agreement as to the number of hours worked for the week listed and to the services performed. Services not authorized may not be paid. Turning in visit notes late may result in late payment.