



United Hearts Health Care

Patient: _____

Employee: _____

DATE: MM/DD/YYYY								
AM or PM	TIME IN/OUT							
BATH		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Tub <input type="checkbox"/> Shower <input type="checkbox"/>								
Bed-partial <input type="checkbox"/> Complete <input type="checkbox"/>								
Assist Bath-Chair								
Shampoo								
Comb Hair								
Mouth Care								
Shave Electric [] Straight []								
Assist w/ Dressing								
HAND/FOOTCARE		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Clean <input type="checkbox"/> File Nails <input type="checkbox"/>								
Soak feet <input type="checkbox"/>								
ELIMINATION		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Perineal Care								
External Cath Care								
Measure Cath Output								
Empty Drainage Bag								
SKIN CARE		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Apply Lotion								
ACTIVITY		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ambulation <input type="checkbox"/> Mobility <input type="checkbox"/>								
Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/>								
Chair <input type="checkbox"/> Bed <input type="checkbox"/>								
Dangle <input type="checkbox"/> Commode <input type="checkbox"/>								
Exercise-per PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/>								
Reposition Patient								
Other:								
MEALS		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Prepare								
Feed								
Setup								
Offer Oral Supplement								
HOUSEKEEPING		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Change Bed Linens								
Make Bed								
Straighten Room								
Laundry								
Shopping								

-SIGNATURES/DATES BELOW-

MM/DD/YYYY

↓ Employee Signature ↓

MM/DD/YYYY

↓ Client Signature ↓

	Sunday		Sunday
	Monday		Monday
	Tuesday		Tuesday
	Wednesday		Wednesday
	Thursday		Thursday
	Friday		Friday
	Saturday		Saturday

IF ANY CHANGES OR PATIENT CONCERNS, PLEASE CONTACT THE OFFICE @ P (513) 923-3555