

Home Health Aide Charting Sheet Parkinson's Specialty Care

Client Name: _____

Employee Name: _____

REMEMBER:	TASK	SAT	SUN	MON	TUES	WEDS	THURS	FRI
Begin a NEW worksheet every week. Report any changes/observations to your Supervisor as soon as possible.	DATE							
	TIME IN							
	TIME OUT							
	TOTAL TIME							
Directions: Check each box that applies	SLEEP TIME							
	Client Initial:							

PERSONAL CARE	Bath							
	Oral Hygiene							
	Shampoo							
	Shave							
	Skin Care (lotion/mass)							
	Change Position							
	Dressing Activity							
	Toileting							
	Other (specify)							
TREATMENTS / TASKS / MEDICATIONS	Assist with Transfer							
	Assist with Ambulation							
	ROM Exercises							
	Dressing Change							
	Catheter Care/Empty Bag							
	Medication Reminder							
	Medication Assistance							
	Other (specify)							
HOMEMAKING	Meal Preparation							
	Linen Change							
	Housekeeping							
	Laundry							
	Other (specify)							

HHA Signature

Date: