



# Home Health Care

## Task List and Time Record

PATIENT NAME: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_ through \_\_\_\_\_

ATTENDED BY: \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
Hygiene: bath (bed, chair, tub) or shower							
hair (shampoo, blow dry, comb, style)							
teeth (oral hygiene/ denture care)							
nails (trim, clean, condition)							
skin (lotion, massage)							
facial hair (shave, trim, condition)							
foot care (wash, inspect, moisturize)							
toilet (bowel/bladder management)							
Nutrition: meal preparation							
eating/drinking							
dose medicines							
Chores: change linens							
do laundry							
light housekeeping							
take out trash							
Outings: supervised walks							
range of motion exercises/physical therapy							
shopping/errands							
transportation							
Social: schedule appointments							
reading/writing							
telephone/devices							
Other:							

Sat.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Mon.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Tue.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Wed.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Thu.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Fri.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.
Sat.	Start Time ____:____ AM   PM	Finish Time: ____:____ AM   PM	Total Time: _____ hrs. _____ min.