



Personal Assistant Visit Note

Client Name: _____

Document those tasks listed on the ISP. Use a check mark to indicate task performed. Use an "R" to indicate the client or family refused. Notify Supervisor of any condition changes.

You are responsible for reading the Individualized Service Plan daily.

Documentation must be submitted weekly.

	SUN	MON	TUE	WED	THURS	FRI	SAT
DATE							
TIME IN							
TIME OUT							
TOTAL HOURS							

Activities Ordered (✓ all that apply) **Frequency**

Bath: <input type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Tub	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
Hair: <input type="checkbox"/> Shampoo <input type="checkbox"/> Comb/Brush	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Oral hygiene/care	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Assist with ambulation	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Assist with medications	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Transfers	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Use of assistive devices Type:	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Meal Preparation Diet:	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Assist with feeding	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Assistance with company/visitors	<input type="checkbox"/> CC <input type="checkbox"/> A								
<input type="checkbox"/> Transportation	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								
Linens: <input type="checkbox"/> Change <input type="checkbox"/> Wash <input type="checkbox"/> Make Bed	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Clean Bathroom	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Dust	<input type="checkbox"/> QV <input type="checkbox"/> CC								
Floors: <input type="checkbox"/> Vacuum <input type="checkbox"/> Sweep <input type="checkbox"/> Mop	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Shopping/Errands	<input type="checkbox"/> CC								
<input type="checkbox"/> Other	<input type="checkbox"/> QV <input type="checkbox"/> CC								
<input type="checkbox"/> Universal Precautions/ Safety Measures	<input type="checkbox"/> QV <input type="checkbox"/> CC <input type="checkbox"/> A								

KEY: QV= Every Visit CC/Caregiver= Client Choice A= Assist

Employee signature below certifies all information is true and correct and no injuries were sustained during assignment.

Employee Name: _____

Employee Signature: _____