**Client Last Name:  First Name: Location: Home**

 **HCA Last Name: First Name: Week Ending: **

**Service Provided: PAS (W1793)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tasks**  |  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
|  | **Personal Care** |
|  | Bathing |  |[x] [x] [x] [x] [x] [x] [x]
|  | Hair care |  |[x] [x] [x] [x] [x] [x] [x]
|  | Dressing |  |[x] [x] [x] [x] [x] [x] [x]
|  | Lotion/ skin care |  |[x] [x] [x] [x] [x] [x] [x]
|  | Cath Care |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | **Activity & Nutrition** |
|  | Supervision / coaching/walks |  |[x] [x] [x] [x] [x] [x] [x]
|  | Ambulating |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | Supervised walks |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | Transfers |  |[x] [x] [x] [x] [x] [x] [x]
|  | Meal preparation |  |[x] [x] [x] [x] [x] [x] [x]
|  | Eating/ Drinking |  |[x] [x] [x] [x] [x] [x] [x]
|  | Appointment scheduling |  |[ ] [ ] [x] [ ] [x] [ ] [ ]
|  | Securing transportation |  |[ ] [x] [ ] [ ] [ ] [ ] [ ]
|  | Medication reminder  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | **Housekeeping** |
|  | Light Housekeeping  |  |[x] [x] [x] [x] [x] [x] [x]
|  | Laundry  |  |[x] [ ] [ ] [ ] [ ] [ ] [ ]
|  | Shopping |  |[x] [ ] [x] [ ] [x] [ ] [ ]
|  | **Other** |
|  | Reading / Writing  |  |[x] [ ] [x] [ ] [x] [ ] [ ]
|  | Social activities |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | Telephone / communication  |  |[x] [x] [x] [x] [x] [x] [x]
|  | **Elimination** |
|  | Toileting |  |[x] [x] [x] [x] [x] [x] [x]
|  | Bowel / bladder management |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  | Incontinence care |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Coordinator Signature: **

**Date: **