**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 |  |  |  |  |  |  |  |  |
| Hair care |  |  |  |  |  |  |  |  |
| Dressing |  |  |  |  |  |  |  |  |
| Lotion/ skin care |  |  |  |  |  |  |  |  |
| Cath Care |  |  |  |  |  |  |  |  |
| **Activity & Nutrition** | | | | | | | | |
| Supervision / coaching/walks |  |  |  |  |  |  |  |  |
| Ambulating |  |  |  |  |  |  |  |  |
| Supervised walks |  |  |  |  |  |  |  |  |
| Transfers |  |  |  |  |  |  |  |  |
| Meal preparation |  |  |  |  |  |  |  |  |
| Eating/ Drinking |  |  |  |  |  |  |  |  |
| Appointment scheduling |  |  |  |  |  |  |  |  |
| Securing transportation |  |  |  |  |  |  |  |  |
| Medication reminder |  |  |  |  |  |  |  |  |
| **Housekeeping** | | | | | | | | |
| Light Housekeeping |  |  |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |  |  |
| Shopping |  |  |  |  |  |  |  |  |
| **Other** | | | | | | | | |
| Reading / Writing |  |  |  |  |  |  |  |  |
| Social activities |  |  |  |  |  |  |  |  |
| Telephone / communication |  |  |  |  |  |  |  |  |
| **Elimination** | | | | | | | | |
| Toileting |  |  |  |  |  |  |  |  |
| Bowel / bladder management |  |  |  |  |  |  |  |  |
| Incontinence care |  |  |  |  |  |  |  |  |

**Coordinator Signature: **

**Date: **