

Task Check List and Charting

Client Name:

12am-6am	6am-12pm	12pm-6pm	6pm-12am	12am-6am	6am-12pm	12pm-6pm	6pm-12am	12am-6am	6am-12pm	12pm-6pm	6pm-12am	12am-6am	6am-12pm	12pm-6pm	6pm-12am	12am-6am	6am-12pm	12pm-6pm	6pm-12am
----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

I = Independent, A = Assisted, U = Dependent, R = Refused, RF=Refused

Hygiene Assistance	13-Bathing																			
	72-Shower																			
	69-Shampoo																			
	43-Hair Care																			
	73-Skin Care																			
	56-Oral Care																			
	70-Shaving																			
	57-Nail Care																			
	9-Dressing/Undressing																			
	7-Toileting=T 30-Depends=D Inc=I Cont=C																			
Mobility	74-Transfer																			
	77-Reposition																			
	67-ROM																			
	11-Assist with exercise 08-Assist With Ambulation																			
Housekeeping	50-Meal Prep																			
	54-Medication Assist/Remind																			
	32-dishes - wash and put away																			
	25-Clean Kitchen																			
	23-Clean Bathroom-shower, tub																			
	75-Trash removal																			
	47-Laundry																			
24-Clean Liv, Din and Bed 78-Vacuum, sweep, mop 18-Change make bed																				
Other	71-Shopping																			
	9-Errands																			
	01-Accompany to Doctor																			
	Additional tasks:																			
Initials																				

Signature:	Initials:
Signature:	Initials:
Signature:	Initials:
Signature:	Initials:
Signature:	Initials:

Insert
Logo Here

Insert Coop Name
Office Insert Coop Number
After hours/emergency line ###-###-####
Santrax Call In/Out Numbers
XXX-XXX-XXXX and XXX-XXX-XXXX