

PCA Activity Sheet

| | |
|--|--------------------------------|
| This form is being used to document the: | |
| __ 1st visit of the day | __ 3rd visit of the day |
| __ 2nd visit of the day | __ there is only one visit/day |

| | |
|----------------|----------------|
| Consumer Name: | Provider Name: |
|----------------|----------------|

| Day | Date | Time (am/pm) | | Consumer's Signature | | | | | Provider's Signature | | | | |
|-----------|------|--------------|-----|----------------------|--|--|--|--|----------------------|--|--|--|--|
| | | In | Out | | | | | | | | | | |
| Monday | | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | | |
| Sunday | | | | | | | | | | | | | |

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. | Response to Care Observations |
|-------------------|------------|-------|------|--------|------|------|------|-------------------------------|
| | Tub/Shower | | | | | | | |
| Assist to Dress | | | | | | | | |
| Oral Hygiene | | | | | | | | Tuesday: |
| Shampoo Hair | | | | | | | | |
| Comb Hair | | | | | | | | Wednesday: |
| Foot Care | | | | | | | | |
| Nail Care | | | | | | | | Thursday: |
| Exercises | | | | | | | | |
| Transfers | | | | | | | | Friday: |
| Change Bedding | | | | | | | | |
| Make Bed | | | | | | | | Saturday: |
| Laundry | | | | | | | | |
| Meal Prep | | | | | | | | Sunday: |
| Kitchen Cleaning | | | | | | | | |
| Bathroom Cleaning | | | | | | | | |
| Vacuum/Dust | | | | | | | | |
| Groceries/errand | | | | | | | | |
| Transfers | | | | | | | | |
| School transport | | | | | | | | |
| DR Appointment | | | | | | | | |

Please note time spent on each task in above boxes

| |
|--------------------|
| TEAM COMMUNICATION |
|--------------------|