



**Mango Home Health**  
**Commitment to excellence**

Office Address : 33, Wood Ave South, Iselin, NJ 08830

**AIDE WEEKLY ACTIVITY LOG**

Mailing Address : PO Box 1972 Toms River, NJ 08754

www.mangohomehealth.com, Fax: 732 505 0083

Client ID Number :

Time Sheet  
Week Ending Date  
Must be a Sat.  
**MONTH DAY YEAR**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Last Name, First Name (PRINT NEATLY)

Client Address :

Employee Last Name, First Name (PRINT NEATLY)



Employee ID Number :

Clock ID

Clock Phone : 866-979-3461

	SUN	MON	TUES	WED	THURS	FRI	SAT
DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Live - In							
Time In							
Time Out							
Total Daily Hrs							

Employee (chha) Signature

Client Signature

My signature certifies that I provided services to the client on the dates and times listed above. I understand that I will be paid bases on the verified time on this time slip and that my pay includes compensation for time spent providing client care, documentation, and travel between cases. I did not receive any injuries during this assignment.

I, the above signee, confirm and verify the worked the dates and hours shown above.

DAILY ACTIVITIES :	SUN	MON	TUE	WED	THU	FRI	SAT
<b>Standard Precautions Used</b>							
<b>Client Status</b> : Alert / Confused / Forgetful / Non-Responsive							
<b>Ambulaton</b> : Independent / with Assist / Pivot / Bed Bound / Turn & Position							
<b>DME/Mobility</b> : Independent / Cane / Walker / Wheelchair / Contact Guard Supervision / Crutches / Braces / Hoyer lift / Prosthesis							
<b>Personal Care :</b>							
<b>Bathing</b> : Shower / Sponge / Bed Bath / Chair / Supervise							
<b>Hair Case</b> : Shampoo / Shower / Bed / Groom							
<b>Oral Case</b> : Dentures Care / Brush Teeth / Rinse / Self / Assist							
<b>Skin Care</b> : Lotion / Nail-Footcare (Do not cut nails) /Shave (Electric only)							
<b>Dressing</b> : Assist / Total Care							
<b>Elimination</b> : Toilet / Commode / Bedpan / Urinal / Catheter							
<b>Urine</b> : Continent / Incontinent / Catheter							
<b>Bowels</b> : Continent / Incontinent / Colostomy							
<b>Diet</b> : Regular / Low Salt / No Salt / Diabetc / Renal / Chopped / Pureed / G-Tube							
<b>Meal Prep</b> : Breakfast / Lunch / Dinner / Snack							
<b>Feeding</b> : Self / Assist / Feed Client							
<b>Fluid Entake</b> : Encourage / Restrict							
<b>Light Housekeeping</b> : Cline's Area							
Tidy Bedroom / Bath / Kitchen							
Dust / Vaccum / Mop Floor							
Make Bed							
Linen Change							
Laundry							
<b>Social Care :</b>							
Encourage Walks / Read Books / Play Cards / Conversations							
Vital Signs as Directed by RN							
BP / Heart Rate / Temperature / Weight							
Shopping / Essands							
<b>Safety Supervision</b> : Safe Home/Unsafe (Report Safety concerns with RN Promptly)							
Other :							

Report any change in client's condition to : Agency RNs#732-505-0080

Date : \_\_\_\_\_ Time of Call \_\_\_\_\_ Name of RN \_\_\_\_\_

Report Given to RN \_\_\_\_\_

(Use reverse side for additional notes)

Sheet Reviewed by / date

Discrepancy  No  Yes

RN

Signature : \_\_\_\_\_

Date :