Daily Visit Record

Consumer Name: _____
Date of Visit: _____
Start Time: _____
End Time: _____

Consumer Signature: _____

Check the task(s) completed and record the time associated with the completion of the task. Under the "Tolerance of Process" write a brief description of how the consumer tolerated the assistance, any difficulties encountered or specific instructions the consumer requested to complete the requested activity. Include any contact with other team members and the case manager. Sign each entry.

Task	Time	Tolerance of Process	Provider Signature
☐bathing			
☐hair care			
☐dressing			
☐transfer to WC			
☐exercise			
meal prep: ☐breakfast ☐lunch ☐dinner			
☐assisted with eating			
Errands: ☐Drugstore ☐Grocery shopping ☐Laundry mat ☐Other:		Amount of funds consumer provided:_____ Amount of funds spent per consumer direction:____ Amount of money returned:_____ Card returned to consumer:☐Yes ☐NA Consumer participated in outing: ☐Yes ☐No	
Cleaning: ☐Bathroom ☐Kitchen ☐Bedroom ☐Living room ☐other:			