**Provider Aide Record**  
(Personal/Respite Care)

<table>
<thead>
<tr>
<th>Individual’s Name:</th>
<th>Phone:</th>
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</table>

<table>
<thead>
<tr>
<th>DAY:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

**DATE** (Month/Day/Year): / / / / / / / / / / /

**Activity:**  
- Complete/Partial Bath  
- Dress/Undress  
- Assist with Toileting  
- Transferring  
- Personal Grooming  
- Assist with Eating/Feeding  
- Ambulation  
- Turn/Change Position  
- Vital Signs  
- Assist with Self-Admin. Medication  
- Bowel/Bladder  
- Wound Care  
- ROM  
- Supervision  
- Prepare Breakfast  
- Prepare Lunch  
- Prepare Dinner  
- Clean Kitchen/Wash Dishes  
- Make/Change Bed Linen  
- Clean Areas Used by Individual  
- Listing Supplies/Shopping  
- Individual’s Laundry  
- Medical Appointments  
- Work/School/Social  
- Other

**Daily Time In**

**Daily Time Out**

**Number of Hours**

**Weekly Comments or Observations (required):**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>Observation if YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you observe any change in the individual’s physical condition?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Did you observe any change in the individual’s emotional condition?</td>
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<tr>
<td>3. Was there any change in the individual’s regular daily activities?</td>
<td></td>
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<tr>
<td>4. Do you have an observation about the individual’s response to services rendered?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments/Observations (if needed):**

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**Use back of page if more room needed for additional comments or observations**

**Weekly Signatures:**

<table>
<thead>
<tr>
<th>Individual’s/Family’s Signature</th>
<th>Date</th>
<th>Print Aide’s Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RN’s Signature (not mandatory)</th>
<th>Date</th>
<th>Aide’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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