



Carelink Health Care Services, LLC

"Quality Care at Home"

CHHA Orientation & Clinical Supervision

Employee: _____ Date: _____

Client Medical Record#: _____

Orientation to Case **Re-orientation to Case**

Home Office Telephone

Activities CHHA is oriented to:

Hand Washing Bathing Grooming Transfer Ambulation Feeding Meal Prep
Toileting Oral Hygiene Nail Care Hoyer Lift
Other _____

Instructions given related to the Plan of Care

CHHA Signature _____ Date _____

Care Plan signed and dated by client, aide and nurse, RN.

Clinical Supervision

Review of Care Plan

CHHA Clinical Skills observed

Yes No CHHA follow care plan

Hand Washing Bathing Grooming Transfer Ambulation Feeding Meal Prep

Toileting Oral Hygiene Nail Care Hoyer Lift

CHHA notify RN of any concerns, changes and/or abnormalities of the patient?

Other _____

Note concerns, changes and/or abnormalities reported and Instructions Given below

Nurse Signature/Title

Date

CHHA Clinical Competency Form Updated? Yes No