

DAILY CARE NOTE

Client Name: _____ Date: _____

Caregiver Name: _____ Arrival Time: _____ Departure Time: _____



Client Routine	Personal Care	Household Cleaning	Meals
<p>Wake-up Time: _____</p> <p>Bedtime: _____</p> <p>Naptime AM: _____</p> <p>Naptime PM: _____</p> <p># Bathroom Visits: _____</p> <p>Notes: _____ _____ _____ _____ _____ _____</p>	<p><input type="checkbox"/> No Personal Care Performed <input type="checkbox"/> Assist client in Transfer from: _____ to _____</p> <p><input type="checkbox"/> Shower <input type="checkbox"/> Bath <input type="checkbox"/> Dental Care <input type="checkbox"/> Nail Care <input type="checkbox"/> Combing Hair <input type="checkbox"/> Shampoo Hair <input type="checkbox"/> Empty Urinary Catheter Bag <input type="checkbox"/> Cleaned Urinary Catheter Bag</p> <p>Notes: _____ _____ _____ _____ _____ _____</p>	<p><input type="checkbox"/> Changed Bed Linens <input type="checkbox"/> Made Bed <input type="checkbox"/> Dusted Rooms <input type="checkbox"/> Swept/Mopped <input type="checkbox"/> Vacuumed <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaned Kitchen <input type="checkbox"/> Cleaned Bathroom <input type="checkbox"/> Mended/Ironed Clothes <input type="checkbox"/> Sorted Mail <input type="checkbox"/> Pet Care</p> <p>Notes: _____ _____ _____ _____ _____ _____</p>	<p><input type="checkbox"/> Set-up Meal <input type="checkbox"/> Assisted with Feeding <input type="checkbox"/> Meal Preparation/Foods prepared:</p> <p>Breakfast: _____</p> <p>Lunch: _____</p> <p>Dinner: _____</p> <p>Snack: _____</p> <p>Fluid Monitoring: Drank _____ # of glasses of water or _____.</p> <p>Notes: _____ _____ _____ _____</p>
Activities	Errands	Summary:	
<p><input type="checkbox"/> AM/Walk <input type="checkbox"/> PM/Walk <input type="checkbox"/> Visiting With Friends <input type="checkbox"/> Read Newspaper or Book <input type="checkbox"/> Games/Mental Exercises <input type="checkbox"/> Encouraged Exercise <input type="checkbox"/> Other Activities</p> <p>Notes: _____ _____ _____ _____ _____ _____</p>	<p><input type="checkbox"/> Doctor's Appointment <input type="checkbox"/> Grooming Appointment <input type="checkbox"/> Grocery/Supply Shopping <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Doctor's Appointment <input type="checkbox"/> Other Errands</p> <p>Notes: _____ _____ _____ _____ _____ _____</p>		

Client/Client Representative Signature: _____ Date: _____