Date: \_\_\_\_\_

Caregiver Signature:

		DATE	DATE	DATE	DATE	DATE	DATE	DATE
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN (circle AM/PM)		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM/PM)		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY TOTAL HOURS								
ВАТН	Bath/Shower							
	Sponge Bath/Bed Bath							
	Shave							
	Oral Care/Dental Care							
	Dressing							
BLADDER/ BOWEL	Catheter Care							
	Toilet/Commode							
	Bedpan/Urinal							
	Brief/Pad							
	Incontinent							
	Peri Care							
AMBULATION	Distance							
	Frequency							
	Assist with Transfers							
	Use Transfer Belt							
	Bedbound							
	Weight Bearing: Full/Partial							
	Cane/Crutches							
	Walker/Wheelchair							
RANGE OF MOTION	PROM U L							
	AROM U L							
	Apply Limb Prosthesis							
	Braces							
	TEDS/Ace Wraps							
SKIN/SENSORY	Lotion to Skin							
	Nail Care							
	Turn & Position							
	Foot Soak							
	Non Sterile Drsg Chg							
	Glasses/Contacts							
	Hearing Aide: L R							
MEALS	Restrict/Push Fluids							
	Feed Client							
	Meal Prep: B L D SN							
	Supplement Given							
	Weight							
HOUSEHOLD SERVICES	Vacuum							
	Laundry							
	Kitchen/Dishes							
	Bathroom(s)							
	Empty Garbage							
	Make Bed, Change Linen							
ОТНЕК								
0								