

FAMILY FIRST CAREGIVERS, INC



CareNotes

Family First Caregivers CareNote

Caregiver _____

Date: _____

Time-In: _____

Time-Out: _____

MEDICATION REMINDER INSTRUCTIONS

PERSONAL CARING

Shower _____

Shave _____

Bath _____

Teeth Brushed _____

Washed _____

Change of Clothes _____

Undergarments _____

Other _____

MOOD ON ARRIVAL

Pleasant _____

Angry _____

Talkative _____

Silent _____

Stressed _____

Confused _____

Other _____

DIET SPECIAL INSTRUCTIONS

Breakfast (time) _____

Lunch (time) _____

Dinner (time) _____

Snack (time) _____

HOUSEKEEPING

Bathroom _____

Vacuum _____

Kitchen _____

Laundry _____

Bedroom _____

Linens Change _____

Dust _____

Other _____

Errands or Appointments TODAY _____

Errands or Appointments UPCOMING _____

Notes OR Physical/Mood/Pain Changes Noticed (be specific including times): _____
