

Client Name: _____ Weekly Daily Notes: _____ DATE: _____
 Order#: _____



© Independent Stay HomeCare

Insert correct Initials in the appropriate box, ("Your Initials"), or (C for client) if Client is in charge of the task. If no task was done please draw a line (/) through the box. **All Caregivers/aides shall initial each day / shift and write daily notes clearly.**

Week:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Daily Caregiver Notes:
Date:								
Medication Reminder:	am							
	pm							
	am							
BP								
Pulse								
Temp								
Oral Care:								
Bath/Shower								
Skin care								
Hair care								
Nail care								
Shave								
Repositioning in bed (aka: rotation)	am							
	pm							
	am							
Assist w/ dressing:								
Upper Exercise (ROM):								
Lower Exercise (ROM):								
Assist In/out Vehicle								
Assist In-out of Bed:	am							
	pm							
	am							
Power Chair								
Walker								
Hoyer Lift								
Meal/Snacks (Record 0-100%)	am							
	pm							
	am							
Fluid Intake:	am							
	pm							
	am							
Urine Output:	am							
	pm							
	am							

