

A TYPICAL DAY

Furnished by the Alzheimer's Support Network

660 Tamiami Tr. N. Suite 21 Naples Fl. 34102

(239) 262-8388

Patient Name: _____

Age: _____

6 AM: _____

7:00 _____

8:00 _____

9:00 _____

10:00 _____

11:00 _____

12:00 (Noon) _____

1:00 PM _____

2:00 _____

3:00 _____

4:00 _____

5:00 _____

6:00 _____

7:00 _____

8:00 _____

9:00 _____

10:00 _____

11:00 _____

12:00 (Midnight) _____

Meals (Preferable Food Choices)

Breakfast: _____

Lunch: _____

Dinner: _____

Comments: _____

SPECIAL INSTRUCTIONS:

Personal Hygiene: _____

Bathing/Showering: _____

Teeth Care: _____

Dressing & Undressing: _____

Night Time Care: _____

Mobility & Transferring: _____

Toileting: _____

Orientation: _____

Communication: _____

Challenging Behaviors: _____

Advice, Reassurance & Support: _____

Personal Hygiene: _____

Bathing/Showering: _____

Teeth Care: _____

Dressing & Undressing: _____

Socialization & Activities: _____

Medications: _____

Medical Needs: _____

Hearing Aide(s) Routine: _____

Eating: _____

Additional: _____

Complete by (please print): _____

Relationship to the Patient: _____

Date: _____
