

Employee Name: _____ Shift Times: _____



Client: _____ Day: _____ Date: _____

Mileage (Please note where you went and the number of miles):

Meals: (Please write what your client eats and drinks, and what time.)

Breakfast: Meds given Yes Time: _____ No Reason: _____

Lunch: Meds given Yes Time: _____ No Reason: _____

Supper: Meds given Yes Time: _____ No Reason: _____

Personal Care: Shower or Sponge Bath Time: _____

Toileting (Time and BM or Urinate)

Cleaning:

Client mood & condition:

Other:

Employee Name: _____ Shift Times: _____



Client: _____ Day: _____ Date: _____

Food/Drink:

Meds Given: (Please note name and time given)

Med:	Time:	Reason:

Personal Care: Shower or Sponge Bath Time:

Toileting (Time and BM or Urinate)

Sleep Cycle (Please write the times patient is up, wet or dry, and turned)

Cleaning:

Client mood & condition:

Other:
