



# 2024 DAILY CARE NOTES

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Month (circle): Jan Feb March April May June July Aug Sept Oct Nov Dec

DATE (circle)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
DATE (circle)	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In:																
Time Out:																
Total Hours:																
<b>CLIENT INITIALS:</b>																
<b>Personal Care:</b>																
Grooming:																
Bathing:																
Dressing:																
Toileting/Hygiene:																
Other:																
<b>Mobility:</b>																
Transferring:																
Ambulation:																
<b>Nutritional Support:</b>																
Meal Preparation:																
Feeding:																
<b>Environmental:</b>																
Light Housekeeping:																
Laundry:																

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caregiver (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Caregiver (sign): \_\_\_\_\_