CARE PROVIDER DAILY CHECKLIST AND NOTES

CLIENT NAME :
CARE PROVIDER NAME:
DAY OF THE WEEK / DATE:

	EVALUATE / ASSIST WITH	✔	NOTES
NUTRITION	BREAKFAST	☐	
	A.M. SNACK	☐	
	LUNCH	☐	
	P.M. SNACK	☐	
	DINNER	☐	
	LIQUIDS	☐	
HYGIENE	SHOWER / BATH	☐	
	BRUSHED TEETH	☐	
	COMBED HAIR	☐	
	CLOTHING CHANGED	☐	
	BED SHEETS	☐	
	LAUNDRY CLOTHES	☐	
HEALTH	SLEEP	☐	
	EXERCISE / ACTIVITY	☐	
	A.M. MEDICATIONS	☐	
	P.M. MEDICATIONS	☐	
	URINE	☐	
	BOWEL MOVEMENT	☐	

ADDITIONAL NOTES	

CARE PROVIDER SIGNATURE: _____

Submit the form to verliscareprovider@gmail.com