

AGENCY NAME _____

Caregiver daily log

Care notes for one visit

Client _____ Caregiver _____

Date _____ Time in _____ Time out _____ Total hours _____

CARE PROVIDED

Mark each duty on the Plan of Care: **X** done by caregiver · **A** assisted · **S** client did it (self) · **N/A** not needed today. Explain anything unusual in Notes.

Duty	Mark	Notes	Duty	Mark	Notes
Bathing / shower			Ambulation / transfers		
Dressing			Exercise / range of motion		
Skin care (non-medicated)			Medication reminder: AM		
Mouth care / dentures			Medication reminder: PM		
Hair care / shampoo			Meal preparation		
Shave (electric only)			Light housekeeping		
Nail care (filing only)			Laundry		
Toileting / incontinence care			Errands / appointments		

MEALS AND FLUIDS

	Breakfast	Lunch	Dinner	Snacks	Fluids
What / how much					
Ate: all / most / some / none					

OBSERVATIONS

Mood: ☐ Cheerful ☐ Calm ☐ Anxious ☐ Confused ☐ Withdrawn ☐ Agitated

☐ Change in condition noticed, office notified ☐ Fall or incident, incident report filed ☐ Supplies needed

NOTES

SIGNATURES

I certify that the total hours submitted in this time sheet were correct and that the job was performed satisfactorily.

Client or representative signature

Caregiver signature

If the client can't sign, write why: unable to sign · declined · no representative present · other.