

# DOCUMENTATION LOG



Caregiver \_\_\_\_\_

Shift \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Time**

Breakfast	<i>(Include % of completion)</i>
Lunch	<i>(Include % of completion)</i>
Dinner	<i>(Include % of completion)</i>
Fluid Intake	<i>(Include % of completion)</i>
Shower/Bath	<i>(Assist Required)</i>
Dressing	<i>(Assist Required)</i>
Toileting	<i>(Assist Required)</i>
Vital Signs	_____
Medications	_____

- or:
- Medications Refused
  - Oxygen Use

**Services Provided:**

**(Check Box ONLY)**

**Client Appears to be:**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Meal Preparation  | <input type="checkbox"/> Laundry              | <input type="checkbox"/> Alert    |
| <input type="checkbox"/> Kitchen Clean-up  | <input type="checkbox"/> Change Bed Linens    | <input type="checkbox"/> Oriented |
| <input type="checkbox"/> Food Shopping     | <input type="checkbox"/> Ironing              | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Vacuuming         | <input type="checkbox"/> Errands _____        |                                   |
| <input type="checkbox"/> Dusting           | <input type="checkbox"/> Transportation _____ |                                   |
| <input type="checkbox"/> Floor Care        | <input type="checkbox"/> Other _____          |                                   |
| <input type="checkbox"/> Bathroom Clean-up |   |                                   |

**Comments** *(should not exceed space provided)* :

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*Each caregiver must complete a new log at the end of each shift. Do not write on any previously recorded log.*