

# 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	
Ambulate	
Medications	<i>Circle: Observed or Reminded</i>

Oxygen Use

## Services Provided:

### (Check Box ONLY)

## Client Appears to be:

- Meal Preparation
- Kitchen Clean-up
- Food Shopping
- Vacuuming
- Dusting
- Floor Care
- Bathroom Clean-up

- Laundry
- Change Bed Linens
- Ironing
- Errands \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other \_\_\_\_\_

- Alert
- Oriented
- Confused

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.*