

Weekly Home Care Checklist

PRINTABLE PDF | A4/LETTER SIZE

WEEKLY HOME CARE CHECKLIST

CAREGIVER NAME:

CLIENT NAME:

DATE	DAY	TIME IN	TIME OUT	TOTAL HOURS	NOTES / SIGN
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
	SUNDAY				

SERVICE	M	T	W	T	F	S	S	PERSONAL	M	T	W	T	F	S	S
Bath / Shower								Moisturize skin							
Bed / Partial / Complete								Ambulation / mobility							
Assist w/ chair bath								Chair / bed activity							
Dry off								Empty commode							
Shampoo hair								Cane							
Comb/hair care								Reposition patient							