

Blood Pressure Record for _____ DOB _____

Date	Time	Reading	Date	Time	Reading

Daily Notes

Fluid Restriction Timetable for _____ - _____ Cups or _____ ounces (_____ cc)

Times	Amount	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8a If fast								
9								
10								
11								
Noon								
1p								
2								

DAILY ACTIVITY & CAREGIVING NOTES for _____ Date _____

Toileting: R
BM

Times up during the night: _____

I had a shower / my hair washed / a sponge bath

BREAKFAST

AM Snack

LUNCH

Afternoon Snack

SUPPER

Activities and comments: _____

Appointments: _____

Health Concerns: _____

Items needed/plans for tomorrow: _____

Pain Level (1-5) AM _____ PM _____ Happiness Level (1-5) AM _____ PM _____ Engaged Level (1-5) _____

Supplies Needed Soon: Diapers / Wipes / Toilet Paper / Tissues / Thickener / _____

Have a beautiful day! Your caregiver today: _____