Cura Home Health Inc.℠

HOME CARE AIDE CLIENT DAILY LOG

CLIENT NAME (First, MI, Last) DATE

HOME CARE AIDE NAME (First, MI, Last) DATE

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BATH	Bath / Shower							
	Dressing							
	Shampoo/Shave/Grooming							
	Oral Care / Dental Care							
BLADDER/ BOWEL	Toilet / Commode							
	Incontinenence Care							
	Peri Care							
AMBULATION	Assist with Transfer							
	Bedbound							
	Weight Bearing: Full / Partial							
	Queing							
	Walker / Wheelchair / Cane							
ROM	Range Of Motion L R							
SKIN / SENSORY	Lotion to Skin							
	Nail Care							
	Turn & Position							
	Non-Sterile Dressing Change							
	Glasses / Contacts							
	Hearing Aides L R							
MEALS	Restrict Fluids/Push Fluids							
	Feed Client							
	Meal Prep B L D SN							
	Supplement Given							
	Vitals							
HOUSEHOLD SERVICES	Vacuum							
	Laundry							
	Kitchen/Dishes							
	Bathroom(s)							
	Empty Garbage							
	Make Bed / Change Linen							
OTHER								
VITALS								

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Comments (changes in client's condition must be documented):

Medical Visitor (ie: hospice, physician, other)