

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

Week of: \_\_\_\_\_

TASKS	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Personal Care</b>							
Change clothes Daily							
Shave - elec or blade							
Hair Care							
Weigh daily							
Teeth/Dentures							
Shower/Sponge Bath							
<b>Meal Preparation</b>							
Breakfast							
Lunch							
Dinner							
Snack							
<b>Shopping/ Errands</b>							
Grocery Shopping							
Pharmacy							
<b>Transportation</b>							
Doctor							
Religious Services							
Hairdresser							
<b>Companionship</b>							
Activities/Games							
Reading /Newspaper							
Exercise/Walking							
<b>Light Housekeeping</b>							
Dust-windex							
Vacuuming							
Laundry							
Clean bathroom							
Change Sheets							
Clean Bedroom							
Clean Living Area							
Sweep/mop floor							
Clean Refridgerator							
<b>Other Activities</b>							
Medication Reminder							
Grocery List							
Organize Mail							
Glucose Check							
Blood Pressure Check							

Caregiver Name \_\_\_\_\_ Caregiver Initials \_\_\_\_\_

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\* Print your name and sign your initials on the bottom of the sheet. Put your initials next to every task completed during your shift.\*