

DAILY LOG SHEET

DATE: _____

MEALS			
BREAKFAST		TIME	
SNACK		TIME	
LUNCH		TIME	
SNACK		TIME	
DINNER		TIME	
SNACK		TIME	
DRINKS		TIME	

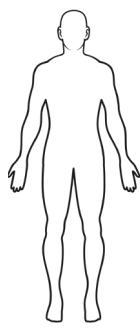
APPETITE: 1 2 3 4 5 6 7 8 9 10

TOILETING												
TIME												
URINE												
BM												
DIFFICULTY?												

SLEEP			
TIME ASLEEP	TIME AWAKE	TIMES UP	NOTES
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SLEEP QUALITY: 1 2 3 4 5 6 7 8 9 10 ENERGY LEVEL: 1 2 3 4 5 6 7 8 9 10

SHOWER BATH BRUSHED TEETH COMBED HAIR CLOTHING CHANGE

 <p>PAIN LEVEL</p> <p>MARK AREAS OF PAIN</p>	<p>NOTES:</p>
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DAILY CARE LOG

Indicate the task's completion by marking it with a checkmark, "x," or write your initials.

TASK:	SUN	MON	TUE	WED	THUR	FRI	SAT
Bathe							
Shampoo							
Oral Care							
Nail Care							
Shave							
Wound Care							
Skin Care							
Medications							
Laundry							
Clean Kitchen							
Change Linens							
Vacuum/Dust							
Exercises							
Social Activity							
Memory Activity							
Emails/Calls							
Groceries							
Errands							

NOTES:

EMERGENCY MEDICAL INFORMATION

Name _____ Nickname _____

Address _____

Home Phone _____ Cell _____

Date of Birth _____ Gender M/F

Primary Language _____

Primary Insurance Provider _____ Policy number

Secondary Insurance Provider _____ Policy number

Do you have a living will? Y N Health care proxy? Y N

Health care agent _____ Phone: _____

EMERGENCY CONTACTS:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

MEDICAL CONTACTS:

Primary Physician _____ Phone _____

Secondary Physician _____ Phone _____

Preferred Hospital _____ Phone _____

MEDICAL CONDITIONS:

Height _____ Weight _____ Blood Type _____

Allergies _____

OTHER:

MEDICAL CONTACTS

PRIMARY PHYSICIAN _____

Address _____ **Email** _____

Phone _____ **Second Phone** _____

PHYSICIAN _____

Address _____ **Email** _____

Phone _____ **Second Phone** _____

PHYSICIAN _____

Address _____ **Email** _____

Phone _____ **Second Phone** _____

DENTIST _____

Address _____ **Email** _____

Phone _____ **Second Phone** _____

PHYSICAL / OCCUPATIONAL THERAPIST _____

Address _____ **Email** _____

Phone _____ **Second Phone** _____

PHARMACY _____

Address _____

Phone _____

HOSPITAL _____

Address _____

Phone _____

OTHER _____

Address _____

Phone _____

CAREGIVER CONTACTS

A list of the individuals involved in providing care, including siblings, therapists, aides, companions, and Neighbors Who Care volunteers.

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____

MEDICATION CHECKLIST

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

MEDICATION:	TIME	SUN	MON	TUE	WED	THUR	FRI	SAT

NOTES:

HOME SAFETY CHECKLIST

Creating a safe living environment is crucial for the well-being and security of your loved one. To help you ensure their safety and comfort, here is a caregiver safety checklist featuring several essential items for creating a safe and accommodating home.

- Program the phone with 911 on speed dial. Be sure it's clearly marked.
- Post emergency contact information by the phone or on the refrigerator.
- Arrange frequently used items within easy reach ensuring they can easily access them.
- Be sure all medications are clearly labeled.
- Dispose of medications that are no longer needed.
- Remove, lock up or clearly label harsh cleaning agents, insecticides, chemicals, etc.
- Ensure smoke and carbon monoxide detectors work.
- Store flashlights by chair(s) and bedside table.
- Adjust the temperature of the hot water heater to 120°F to prevent scalding
- Clearly label the hot and cold taps for easy identification.
- Be sure light switches are easily locatable and clearly labeled if needed.
- Ensure that the lighting in the home is sufficiently bright and evenly distributed.
- Minimize any glare from lighting by aiming lights at walls or ceilings.
- Use night-lights along any paths used when it's dark.
- Clear pathways of clutter, small furniture, and electrical cords.
- Secure or eliminate loose rugs to reduce the risk of tripping or slipping.
- Install handrails along stairs and hallways, one on each side if needed.
- Install grab bars in the bathroom near toilets and within showers.
- Have a shower chair or bench in the shower.
- Consider a raised toilet seat.
- Switch door knobs to lever-style handles which are easier to operate.
- Remove any wobbly chairs, three-legged tables, or other unstable furniture.
- Secure heavy furniture, such as a bookcase, to prevent tipping.
- Remove or secure sharp objects and potentially hazardous substances.
- Use nonslip treads on stairs and mark the edges of steps with bright tape.
- Use rubber mats and nonslip strips on floors that may become wet.
- Clearly mark stove dials, especially the OFF position, with red tape or nail polish.
- Check smoke detectors and replace batteries regularly.
- Keep a fire extinguisher in an easily accessible location.
- Ensure there are clear and unobstructed emergency exits.
- Remove or lock up firearms.
- Borrow or purchase a backup generator for use in case of a power outage.

Remember, this is a general list, and specific needs may vary depending on the requirements.

