

CARE NOTES AND TRAVEL RECORD



Smile and Love, Incorporated

115 S.Wilke Rd, Suite 201 Arlington Heights, IL 60005

Client Line: (847)259-8767

Caregiver Line: (847)259-8765

Web: www.smilenlove.com to obtain blank care notes under caregiver link

Email: admin@smilenlove.com

Fax: (847)259-8766

Notes must be written each day.

| Day/Date | Mon | Tue | Wed | Thurs | Fri | Sat. | Sun | | |
|---|----------|----------|----------|----------|----------|----------|----------|--|---------------------|
| Time In | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | MONDAY / / | CAREGIVER SIGNATURE |
| Time Out | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | TOTAL HOURS () | |
| Please Check Any Assistance with Activities of Daily Living you give to the Client | | | | | | | | | |
| Personal Care Shower/Tub/Bed Bath Shave Client Mouth Care Dressing Ass Eating | | | | | | | | TUESDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| Feed Client Toileting Urinary/Bedpan Transfer Toilet Commode Diaper Wheelchair Ass | | | | | | | | WEDNESDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| Activity Puzzle Reading Conversation Walking Gardening Games | | | | | | | | THURSDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| Meal Preparation Grocery Shopping Cleaning Laundry Transportation Errands (where?) | | | | | | | | FRIDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| MILES | | | | | | | | SATURDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| From/To | | | | | | | | SUNDAY / / TOTAL HOURS () | CAREGIVER SIGNATURE |
| TOTAL MILES FOR THE WEEK | | | | | | | | | |

Client Name Signature:

Date

Week Beginning, 20 ...

Caregiver Name.....Signature:

Date

January 28, 2011