



Smile and Love, Incorporated

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Notes must be written each day.

Day/Date	Mon	Tues	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
								FRIDAY / / TOTAL HOURS ()	CAREGIVER SIGNATURE
Meal Preparation Grocery Shopping Cleaning Laundry Transportation Errands (where?)								SATURDAY / / TOTAL HOURS ()	CAREGIVER SIGNATURE
								SUNDAY / / TOTAL HOURS ()	CAREGIVER SIGNATURE

Client Name Signature: Date Week Beginning, 20 ...
 Caregiver Name..... Signature: Date

November 15, 2010