



Affordable Caregivers[®] inc

DAILY CARE NOTES

PATIENT'S NAME: _____ HOME ADDRESS: _____ POLICY NUMBER: _____

CAREGIVER'S NAME: _____ CAREGIVER HCA ID#: _____

REQUIRED	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE (Month / Day / Year)							
Arrival Time: AM / PM							
Departure Time: AM / PM							
Total Hours Worked:							
Services Provided							
Ambulating Inside-Physically Assisted							
Ambulating Inside-Standby Assist							
Bathing - Physically Assisted							
Bathing - Standby Assist							
Bathing - Verbal Cue or Reminder							
Dressing - Physically Assisted							
Dressing - Standby Assist							
Dressing - Verbal Cue or Reminder							
Eating - Spoon Fed or Tube Fed							
Eating - Verbal Cue or Reminder							
Transfer out of bed/chair - Physically Assist							
Transfer out of bed/chair - Standby Assist							
Transfer out of bed/chair - Verbal Cue or Reminder							
Toileting - Physically Assist							
Toileting - Standby Assist							
Toileting - Verbal Cue or Reminder							
Incontinent of bowel/bladder - Physically Assisted							
Assistance with Colostomy/Catheter Care							
Provided Continual Supervision due to Cognitive Impairment: Cannot be left alone							
Provided Continual Supervision due to a Physical Functional Incapacity: Cannot be left alone							
Companion Services							
Homemaking/Housekeeping - laundry, meal prep, dust, wash, dishes, other:							

Was your client hospitalized or in a facility this week? Yes No

Caregiver Signature: _____ Date: ____/____/____