



CARAVITA HOME CARE: Phone: 770-643-1712 • Fax: 770-552-9502

648 Mimosa Blvd., Roswell, GA 30075

Client Name: _____

Employee: _____

I was not injured this week _____ I was injured this week & reported to supervisor _____

1. Use one sheet per client / facility 2. Check each block for care provided 3. Notify office of any changes, problems, or incidents

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date of service (Month / Day / Year)							
Bathing: Shower ___ Bath ___ Bed ___							
Shampoo							
Dressing / Grooming							
Mouth care							
Skin care ___ Nails Filed ___							
Vital signs							
Medication reminders							
Exercises (remind or assist)							
Meal prep: Breakfast: ___ Lunch: ___							
Dinner: ___ Snack: ___							
Assist in eating							
Encourage fluids							
Wash dishes / kitchen clean							
Position in Bed							
Assist with mobility:							
Cane ___ Walker ___ W/C ___							
Transfers Assist							
Toileting or Incontinence care							
Bowel Movement: Yes ___ No ___							
Ostomy / Catheter assistance							
Clean: BR ___ Bath ___ Living Area ___							
Laundry / Linen Change							
Errands / Grocery / Transportation							
Behavior Mangement Redirection							
Reinforce Safety Measures							
Staffing: Assist with residents as directed							
Time In: (AM/PM)							
Time out: (AM/PM)							
Total Time:							
Miles Driving Client							

Client signatures acknowledging receipt of service & that care given was accurate

Sun.: _____ Mon.: _____ Tues.: _____

Wed.: _____ Thurs.: _____ Fri.: _____

Sat.: _____

Caregiver Signature: _____ **Date:** _____