

CAREGIVER CHECKLIST

CAREGIVER	
------------------	--

PATIENT	
----------------	--

DATE	DAY	TIME START	TIME FINISH	TOTAL HOURS	SIGN	NOTES
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
	SUNDAY					

TASK	M	T	W	T	F	S	S
Bathe							
Bed / Partial / Complete							
Assist w/ chair bath							
Dry off							
Shampoo hair							
Comb/hair care							
Oral care							
Perineal care							
Catheter help							
Empty bag							
Medication reminder							
Assist w/ bedpan/urinal							
Record bowel movement							
Incontinence care							
Blood pressure Check							
Blood sugar check							
Oxygen assistance							
Assist with feeding							

TASK	M	T	W	T	F	S	S