

Caregiver's checklist

Project name: _____

Date: _____

Personal care

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Physical therapy

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Housekeeping

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Caregiver

Name: _____

Signature: _____

Activities and exercises

| Activity | Duration |
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Meals

| Meal | Time | Amount |
|------|------|--------|
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Medicines

| Medicine | Time | Dosage |
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Bathroom

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Supplies

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Notes

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