

Caregiver's checklist

Patient name:

Date:

Personal care

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Physical therapy

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Housekeeping

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Caregiver

Name:

Signature:

Activities and exercise

Activity	Duration

Meals

Meal	Time	Amount

Medicines

Medicine	Time	Dosage

Bathroom

Supplies

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Notes
