



PLAN OF CARE LOG NOTE

Client Name: _____ Month: _____

Q=Every Shift NA =Not Applicable

"C" task completed "R" task incomplete/refused

		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	DATE							
Daily Tasks	Frequency							
Bathing/Showering	__QV __NA Times Per Week__							
Dressing/Grooming	__QV __NA							
Toileting	__QV __NA							
Feeding/Meals	__QV __NA							
Transferring/Ambulation	__QV __NA							
Medication Reminder	__QV __NA Times Per Week__							
Errands/Appointments	__QV __NA							
Light Housekeeping	__QV __NA							
Personal Organization	__QV __NA Times Per Week__							
CAREGIVER INITIALS	AM Shift							
CAREGIVER INITIALS	PM Shift							

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

CarGiver Signature: _____

As Indicated: Meals, Fluids, BM, Blood Pressure, Blood Sugar, Weight

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	