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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Toilet / Diaper | | |  | Feedings | | | |  | Personal Care | | |
| Time | Result | |  | Time | | Amount | |  | ☐ | Shower | |
|  | Wet | B.M |  |  | |  | |  | ☐ | Bad Bath | |
|  | Wet | B.M |  |  | |  | |  | ☐ | Brush Hair | |
|  | Wet | B.M |  |  | |  | |  | ☐ | Brush Teeth | |
|  | Wet | B.M |  |  | |  | |  | ☐ | [Other] | |
|  | Wet | B.M |  |  | |  | |  |  | | |
|  | Wet | B.M |  |  | |  | |  | Therapy | | |
|  | | | | | | | |  | ☐ | Speech Therapy | |
| Special Care | | | | | | | |  | ☐ | Back | |
| Medicines | | | Time | | | Dosage | |  | ☐ | Neck | |
|  | | |  | | |  | |  | ☐ | Shoulder | |
|  | | |  | | |  | |  | ☐ | Arms | |
|  | | |  | | |  | |  | ☐ | Hand | |
|  | | |  | | |  | |  | ☐ | Legs | |
|  | | |  | | |  | |  | ☐ | Feet’s | |
|  | | |  | | |  | |  | ☐ |  | |
|  | | |  | | |  | |  | ☐ |  | |
|  | | | | | | | | | | | |
| Activities | | | | | | Blood Pressure | | | | | |
| Activity | | | Length | |  | Time | Systolic | | | | Diastolic |
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| Supplies Needed | | | Notes | | | | | | | | |
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