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| Caregiving Name: |  |

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| Personal Care |  | Nutrition / Meal |
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|[ ]   |  |  | Meal | Time | Notes |
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|[ ]   |  |  |
|[ ]   |  | Medicine |
|[ ]   |  |  |
|  |  |  | Medicine  | Time | Dosage |
| House work |  |[ ]   |  |  |
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|[ ]   |  |  |
|[ ]   |  | Activities / Exercise |
|[ ]   |  |  |
|[ ]   |  |  | Activity  | Time | Notes |
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| Supplies |  |  |  |  |  |
|  |  | Bathroom |
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