|  |  |  |
| --- | --- | --- |
| CAREGIVER CHECKLIST | Patient name | |
| [Name] | |
| Date: | Date] |
| Caregiver: | [Name] |
|  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Meal | | | | | |  | Personal care / Hygiene | |
|  | Meal | Time | | | Amount |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  | | | | | | | | |
| Medicines | | | | | |  | Exercise / Activities | |
|  | Medicine | Time Taken | | | Dosage |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  | | | | | | | | |
| Household Task | | | Bathroom | | | | Notes | |
|  |  | |  |  | | |  | |
|  |  | |  |  | | |  | |
|  |  | |  |  | | |  | |
|  |  | |  |  | | |  | |