|  |  |
| --- | --- |
| 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 |
|[ ]   |[ ]   |  |
|[ ]   |[ ]   |  |
|[ ]   |[ ]   |  |
|[ ]   |[ ]   |  |