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| --- | --- |
| Caregiving Name: |  |

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