Date:

Daily Care Sheet

Toilet / Diaper	
Time	Result

Feedings	
Time	Amount

Personal Care

- ☐ Brush Hair
- ☐ Bed Bath
- ☐ Shower
- Brush Teeth: ☐ ☐ ☐

Therapy

- ☐ Back
- ☐ Neck
- ☐ Speech
- ☐ Feet
- ☐ Arms
- ☐ Feet
- ☐ Legs
- ☐ Hands
- ☐ Shoulders

Special Care		
Medicine	Time	Dosage

Activities	
Activity	Length

Blood Pressure		
Length	Systolic	Diastolic

Supplies Needed

Notes