

# CAREGIVER'S CHECKLIST

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

## Activities and exercise

Activity	Duration

## Meal

Meal	Time	Amount

## Medicines

Medicine	Time	Dosage

## Bathroom


## Supplies


### Personal Care


### Physical therapy


### Housekeeping


### Caregiver

Name: \_\_\_\_\_

Signature: \_\_\_\_\_