

Avast In Home Care

Daily Progress Notes

Caregiver: All Caregivers to check daily ADL's-IADL's (1 form per client per week).

Client Name: _____

Week Beginning: _____

Policy Number: _____

Day/Date	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.
Time In	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

Please initial any Assistance of Daily Living you give to the Client

Personal Care:							
Tub Bath/Shower Assistance							
Bed Bath/Sink Bath							
Shampoo Hair							
Shave Client							
Mouth Care							
Dressing Assistance							
Eating:							
Feed Client							
Toileting:							
Urinal/Bedpan							
Transfer to toilet/commode							
Diaper							
Activity:							
Walks without help							
Uses cane/walker/crutch/wheelchair							
Needs hands on help with walking							
Assistance with transfer to chair/wheelchair/bed							

Please check which Instrumental Activities of Daily Living you give to the Client only

Prepare or serve meal							
Grocery shopping							
Cleaning							
Laundry							
Transportation (where?)							
Errands (where?)							
Hours out of home							

I certify that the care listed is an accurate account of the care given and received.

Client Signature: _____

Date _____

Company Representative: _____

Date _____