

CLIENT FLOW CHART

Client Name: _____

Client Address: _____

Doctor: _____ **Date:** _____

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Bowel Maintenance														
Bowel Movement														
Suppository Given														
Enema Given														
Bath/Shampoo/Nail Care														
Bath/Shower														
Shampoo														
Hand & Foot Nail Care														
Vital Signs/Weight														
Blood Pressure														
Pulse														
Respirations														
Temperature														
Weight in Pounds														
Intake & Output														
Intake														
Output														