Shift Report

PROVIDENT Care

Date: _____ Start Time: _____ End Time: _____

Client Name: _____ Client Signature: _____

Caregiver Name: _____ Caregiver Signature: _____

Errand Miles _____ **Errand (places):** _____

Activities of daily living – activities that required at minimum for the caregiver to stand by to ensure safety. Please initial next to each activity that you assist the client with during your shift.

Bathing		
Shower/Tub		
Bed Bath		
Partial Bath		
AM Clean Up		
PM Clean Up		
Wash Hair		

Toileting Assistance		
Safety Assist To Toilet		
Incontinent		
Catheter Care		
Peri Care		
Bedside Commode		
BM today		

Ambulation (Transfer Assistance required)		
Stand-by Safety Assist to ambulate w/cane, walker, or gait belt.		
Assist with PT exercises.		

Cognitive / Mental Status		
Clear Minded		
Mild/Mod/ Severe Confusion		
Requires cues for safety		
Other -		

Feeding		
Plan & Prepare Meals		
Obtain Groceries		
Feed Patient		
Tube Feeding		
Other -		

Dressing Assistance		
Stand-by dressing assistance.		
Other -		

Meal/Snack and Time	Prepared	Eaten	Fluid

Times client was prompted to take medications: _____

House Keeping duties performed: _____

Changes in client condition, accidents, injuries, and new medications: _____

_____ _____

Comments: _____

_____

_____

_____ _____

Additional Comments: _____