

Client Daily Charting Log

Client: _____ Date: _____

Caregiver: _____

Daily Activities/Exercise:

AM Activities:	PM Activities

Nutrition Intake:

Breakfast	Lunch	Dinner	Snacks
Fluid:	Fluid:	Fluid:	Fluid:

Bowel Movement:

Yes (how many, any issues) _____ No

Client's Weight Today: _____ LBS

Client Mood:

Happy Cooperative Anxious Agitated Pain: _____

Important Events/Challenges During Shift:
Helpful information and/or follow up for next shift: