



Daily Care Log

 **Date:** _____

 **Client Name:** _____

 **Carer Name:** _____

Shift Start & Handover Notes

 **Previous Carer's Notes (if applicable):**

 **Important Updates from the Last Shift:**

Medication & Health Monitoring

Time	Medication Given	Dosage	Notes (Reactions/Side Effects)

 Additional Health Notes (Pain, Fatigue, Symptoms, etc.):

Meals & Hydration Log

Time	Meal/Snack	Hydration (Water, Juice, Tea)	Notes (Appetite, Preferences)



Mobility & Physical Activity

Assistance Provided (Walking, Exercises, Transfers, etc.):

Mobility Aids Used (Wheelchair, Walking Frame, etc.):

Additional Notes on Movement & Balance:



Emotional Well-Being & Behavior

Mood & Mental State (Happy, Confused, Anxious, Agitated, etc.):

Social Interactions & Activities Completed:

Any Notable Behavioral Changes or Concerns:




Additional Notes & End of Shift Summary

 Key Observations for Next Carer/Family:

 Concerns That Need Attention:

 Shift End Time: _____

 Carer Signature: _____

 "Great care starts with kindness, patience, and a little smile—because every day is a chance to make a difference!"  

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