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Comox Valley & Campbell River, BC

# Daily Care Notes

*Shift documentation for ongoing care*

## Shift Details

**Client Name** _____ **Date** _____ **Shift (Start – End)** _____

**Caregiver Name** _____ **Credentials** _____

## Vitals & Wellbeing

| BP | Pulse | Temp | O■ Sat | Mood | Pain (0–10) |
|---|---|---|---|---|---|
| | | | | | |

## Activities of Daily Living

**Completed:** [ ] Bath [ ] Dress [ ] Toilet [ ] Meals [ ] Meds reminded [ ] Mobility

## Care Log

| Time | Care Provided / Observations | Initials |
|---|---|---|
| | | |
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| | | |

## Concerns / Follow-up

**Note anything requiring follow-up by family or office**

_____

_____

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| Signature | Printed Name | Date |
| --- | --- | --- |
| | | |