

RESPITE CARE DAILY STATUS

Date: _____

CLIENT NAME

ARRIVAL TIME

DEPARTURE TIME

Category	Status / Details	Caregiver Notes
Mood & Mental	Calm	
	Alert	
	Anxious	
Nutrition	MEALS CONSUMED:	
	25%	
	50%	
	100%	
Hydration	Total Fluid Intake (oz): _____	
Medication	Administered as Scheduled	
	Refused / Delayed	
Mobility	Independent	
	Assisted	

Category

Status / Details

Caregiver Notes

**Personal
Care**

Bathing

Dressing

Toileting

SIGNIFICANT EVENTS OR BEHAVIOR CHANGES

CAREGIVER SIGNATURE

SUPERVISOR REVIEW