

# DAILY HYGIENE & CARE LOG

Patient Name: \_\_\_\_\_ Week Of: \_\_\_\_\_

CARE TASK	MON	TUE	WED	THU	FRI	SAT	SUN
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Face & Hand Wash

Oral Care /  
Dentures

Hair Brushing

Shaving /  
Grooming

Full Shower / Bath

Sponge Bath

Skin Moisturizing

Incontinence Care

CARE TASK

**MON**

**TUE**

**WED**

**THU**

**FRI**

**SAT**

**SUN**

Oral Care /  
Dentures

Evening Wash-up

Clothing Change

**Observation Notes (Skin redness, appetite changes, mood, etc.):**

\* Initial each box when task is completed.