

SENIOR WELLNESS DAILY OBSERVATION LOG

Resident Name: _____

Date: _____

Caregiver: _____

| TIME | VITALS/MEDS | MOOD/APPETITE | ACTIVITIES/PHYSICAL | OBSERVATIONS & CONCERNS |
|-------------|--------------------|----------------------|----------------------------|--|
|-------------|--------------------|----------------------|----------------------------|--|

Morning

Mid-Day

Afternoon

Evening

Night

24-Hour Summary & Medication Changes:

Confidential Medical Record Signature: _____