Client Record for _____

Date//	Staff Name I	Iours	
Day of the Week			
Activity			
Signs of Illness	Initial whore approp	Initial whore appropriate	
Description of Clothing			
Deschart	Bowel Move	ment	
Lunch		Incontinence	
Dinner	Exercise		
Claan Dattorn	ID / Wallet		
	Dentures, glass	eac at	
		ies, en	
	N-11 C		
		+	
	Incident Repo		
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Day's Events (Descriptive enough to be able to re-create client's day.)			
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Client Record for		
	Staff Name	Hours
te/		
Day of the Week		
Activity		appropriate
Signs of Illness	Tintial Wileie	з арргоритате
Description of Clothing		
Breakfast		wel Movement
Lunch	Inc	ontinence
<u>Dinner</u>	Exc	ercise
Sleep Pattern	ID	/ Wallet
	Der	itures, glasses, etc
	Me	nstruation
	Nai	l Care
· · · · · · · · · · · · · · · · · · ·	Inc	ident Report
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Day's Events (Descriptive enough to be able to re-create client's day)		
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