Daily Care Sheet

Name_____ **Description**_____ **Sex**_____

A#_____ **Admin Date**_____ **Age**_____ **Admin Weight**_____

Date	Time	Weight B4 Food	Type of Food	Amount Taken	Weight Aft. Food	Stim? Y N	Output	Initials	Notes
							N U F Abn		
							N U F Abn		
							N U F Abn		
							N U F Abn		
							N U F Abn		
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