Weekly Care Review Sheet

For use by family caregivers, agency supervisors or in-home care teams

Client Information

Client Name: _____

Week of (Date Range): _____ to _____

Primary Caregiver(s): _____

Supervisor / Reviewer: _____

Vital Signs & Health Summary

Category	This Week's Averages	Notes / Trends
Blood Pressure:	_____ / _____	_____
Temperature Range:	_____ °F	_____
Pulse / O_2 Levels:	_____ bpm / _____ %	_____
Mobility / Fall Risk:	☐ Stable ☐ Needs Support ☐ Declining	_____
Skin & Wounds:	☐ Clear ☐ Redness ☐ Pressure Area ☐ Other	_____

Nutrition & Hydration

Category	Average / Notes
Appetite Level (1–5):	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Hydration (oz per day):	_____
Diet Compliance:	☐ Full ☐ Partial ☐ Non-compliant
Special Notes:	_____

Medication Summary

Category	Details
Missed Doses:	☐ None ☐ Yes → _____
Medication Changes:	_____
Reactions or Side Effects:	_____

Mood, Sleep & Behavior

Category	Observations
Overall Mood:	☐ Positive ☐ Neutral ☐ Irritable ☐ Depressed
Sleep Quality:	☐ Good ☐ Interrupted ☐ Poor ☐ Excessive
Cognitive / Emotional Notes:	_____

Home Environment & Safety

Category	Condition	Notes
Cleanliness / Organization:	☐ Good ☐ Needs Attention	_____
Safety Hazards Identified:	☐ None ☐ Yes →	_____
Devices Checked (alarms, locks, lighting):	☐ Working ☐ Needs Repair	_____

Communication & Coordination

Category	Status
Family Updated:	☐ Yes ☐ No ☐ Scheduled
Agency Supervisor Updated:	☐ Yes ☐ No ☐ N/A
Next Review Scheduled For:	_____
Comments / Recommendations:	_____
	_____

Signatures

Role	Name	Signature	Date
Caregiver:	_____	_____	_____
Family Reviewer:	_____	_____	_____
Supervisor:	_____	_____	_____