Guardian Light
quality care services

Shift Report

Client's Name: ---------- **Date:** ----------

Staff Name: ---------- ----------

Breakfast: ----------

Snacks: ----------

Lunch: ----------

Snacks: ----------

Dinner: ----------

Snacks: ----------

Morning Activities: ----------

Morning Report: 09:00- 15:00

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Health / Medication: (appetite, medication, administration, energy level, etc.)

Behaviours: (any behavioural concerns, mood, etc.)

Evening Activities: ----------

Evening Report 15:00-21:00 :

O/N 21:00-09:00: ----------

General comments / Recommendations / Information for Next Shift:

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taff Signature: Date: _____

Case Manager: Date: _____