

FLOW SHEET

Name: _____

Month: _____

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DIET G-75%-100% F-50-75% P-25-50% R-0-25%	B															
	L															
	D															
BATHING Y-Yes N-No	7-3															
	3-11															
	11-7															
SHAMPOO Y-Yes N-No	7-3															
	3-11															
	11-7															
SHAVE Y-Yes N-No	7-3															
	3-11															
	11-7															
ORAL CARE Y-Yes N-No	7-3															
	3-11															
	11-7															
SKIN CARE Y-Yes N-No	7-3															
	3-11															
	11-7															
NAIL CARE	Daily															
PERIOD L-Light M-Medium H-Heavy	7-3															
	3-11															
	11-7															
VOIDED Y-Yes N-No	7-3															
	3-11															
	11-7															
LAXATIVE																
BOWEL MOVEMENTS 0-None S-Small S-Soft M-Medium H-Hard L-Large L-Liquid	7-3															
	3-11															
	11-7															
INITIALS	7-3															
	3-11															
	11-7															

	Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DIET G-75%-100% F-50-75% P-25-50% R-0-25%	B																
	L																
	D																
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