

Caregiver Daily Log

Enter RID Number:

Client/Patient First and Last Name:

Your Email: (You will be emailed a copy of this form with the email provided here)

Complete Address, With City and Zip:

Today's Date:

Time:

06:00 am to 06:00 am

If you want to enter your own Time CHECK BOX otherwise "DO NOT CHECK BOX". (Optional)

Client Hospitalized Overnight? Yes No

Client and Caregiver's Signature

Client/Patient Signature:

Caregiver's Printed Name:

Caregiver's Signature:

Electronic Signature Disclaimer

Please ensure all information is correct before hitting Submit, as this is a Legal Document, and may be used in legal proceedings. Your signature is made with intent, and by signing your name electronically to this **Caregiver Daily Log**, you are agreeing that your signature is the legal equivalent of your manual signature. If you want to opt out of the online **Caregiver Daily Log**, or any other online form, please contact the office and paper forms will be sent to you.

Check below to acknowledge that you have read the Electronic Signature Disclaimer above:

Yes, I have read the Electronic Signature Disclaimer above: