



R1 Staff: \_\_\_\_\_ VA Member: \_\_\_\_\_

Did anything unusual happen today? Yes  No   
If yes, please explain. \_\_\_\_\_

Were there any visitors to the home today?  Yes  No  
If yes, list visitor(s) and purpose of visit. \_\_\_\_\_

Did you attend any medical appointments with the service recipient today?  Yes  No  
If yes, note doctor, reason for visit and outcome of appointment. \_\_\_\_\_

Was there any Physical, Emotional, or Mental Changes in the Service Recipient today?  Yes  No  
If yes, please explain. \_\_\_\_\_

By you signing this Daily Shift note you certify that the hours worked and written down on this Daily Shift note for this assignment were properly worked by the employee by Resource One Medical Corporation and verified by the service recipient or by an authorized representative.

Staff Signature: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Staff Print : \_\_\_\_\_

Family Signature: \_\_\_\_\_ Date of Review: \_\_\_\_\_