



CLIENT VITALS

Client Name: _____ Month: _____

Aide Name: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
Date/Time							
B/P							
B/S							

Comments: _____

Date/Time							
B/P							
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Comments: _____

Date/Time							
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Comments: _____

Date/Time							
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Comments: _____
