

Center for Social Change, Inc. A Research and Support Center for Persons with Developmental Disabilities

www.centerforsocialchange.org

FLUID INTAKE LOG

Individual's Name:												Month:										Year:									
Shift	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7 AM – 3 PM																															
3 PM – 11 PM																															
11 PM – 7 AM																															
STAFF INITIALS																															
7 AM – 3 PM																															
3 PM – 11 PM																															
11 PM – 7 AM																															
		K	ev: √		or EA	CH8	B Oz	of flu	uid (V	Vater	. Jui	ce. T	ea. e	tc.: F	PLEA	SE F	NCO	URA	GE		TIPL F	SEF		GS C)F FI	UID)					
Key: ✓ = for EACH 8 Oz. of fluid (Water, Juice, Tea, etc.; PLEASE ENCOURAGE MULTIPLE SERVINGS OF FLUID																															
Staff Name (Print)													_ Staff Name (Print)																		
Staff Name (Print	t)														Staff Name (Print)																
Staff Name (Print														Staff Name (Print)																	

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