





















# FLUID INTAKE RECORD

Please tick the box when the resident has taken a drink.

Drinks	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
	4	4	4	4	4	4	4
	5	5	5	5	5	5	5
	6	6	6	6	6	6	6
	7	7	7	7	7	7	7
	8	8	8	8	8	8	8
	9	9	9	9	9	9	9
	10	10	10	10	10	10	10

# FLUID INTAKE RECORD

Please tick the box when the resident has taken a drink.

										
<b>Monday</b>	1	2	3	4	5	6	7	8	9	10
<b>Tuesday</b>	1	2	3	4	5	6	7	8	9	10
<b>Wednesday</b>	1	2	3	4	5	6	7	8	9	10
<b>Thursday</b>	1	2	3	4	5	6	7	8	9	10
<b>Friday</b>	1	2	3	4	5	6	7	8	9	10
<b>Saturday</b>	1	2	3	4	5	6	7	8	9	10
<b>Sunday</b>	1	2	3	4	5	6	7	8	9	10