

SOCP Intake/Output Record

Client name: _____

Date of birth: _____ Month/year: _____

Date	Intake <i>Amount: fluids in ounces per shift</i>				Output <i>Urine: Amounts or number times wet</i>				Bowel movements: <i>Number of times: loose/liquid/hard L = large; M = medium; S = small</i>		
	Day	Swing	Night	TOTAL	Day	Swing	Night	TOTAL	Day	Swing	Night
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