

# Daily Activity Log



# DAILY ADULT INSTRUCTIONS AND ACTIVITY LOG

The Daily Adult Instructions and Activity Log is a form provided by Bright Horizons to provide clear communication between employee relative and the in-home caregiver. Please complete the appropriate sections of the form with information about all relatives receiving care. Review it with the caregiver prior to your leaving and remind them to fill out the last sheet to share with you when you return.

Employees Name:			
Phone		Mobile	
Best number to reach me on today:			
What time will the caregiver be relieved?			
By whom?			
Relationship to the person(s) being cared for?			

## Alternative Contact Details

<b>Contact #1</b>			
Name			
Relationship to the person(s) being cared for?			
Address			
Telephone number:		Mobile number:	
<b>Contact #2</b>			
Name			
Relationship to the person(s) being cared for			
Address			
Telephone number:		Mobile number:	

### Emergency Contact Information

GP Name	
Address	
Phone number:	
Preferred Hospital:	
Other Emergency Numbers:	

**Adult/Elder's Information** - Please include details and instructions for all adults receiving care

Name:	Age

### Adult Health Information

	Adult 1	Adult 2
Has the adult taken any medication today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide name of medication, time of dose and reason		
Does the adult need reminders to take additional medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list medications and the time(s) they need to be taken		
Does the adult have any injuries or symptoms of	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain		

Is the adult incontinent?		
Does the adult need assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide specific		
Is the adult mobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any assistance needed for		
Please list any allergies the adult		
Please describe any		
Is the adult able to feed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any special or specific		

**Meal schedules/Preferences**

Time	Adult Name	Food to be Prepared

**Daily Schedule/Routine:**

	Adult 1 -	Adult 2 -
Morning		
Afternoon		
Evening		

Late night		
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### Household Rules and Special Instructions

Please identify any household rules or restrictions?	
Suggestions of activities that will make the day special?	
Behaviour challenges and how best to address them	

# Bright Horizons Back-Up Care In-Home Adult Information Sheet

## Daily Experience Sheet Caregiver Information

\*Please leave this form for the caregiver to fill out regarding the adults day\*:

Caregiver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time	Adult Name	Food Eaten

**Rest Schedule**


**Medication**

Adult	Medication and Dose	Time reminded

What activities did the adult participate in today

Notes about the day:

