

Daily Adult Instructions and Activity Log

The *Back-Up Care Advantage Programme* 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.

To be filled out by employee/adult relative:

Employee Details

Employee Name:			
Phone number:		Mobile number:	
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

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

Contact #2			
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 today?	<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 illness?	<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 with toileting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide specific instructions		
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 mobility (walker, wheelchair)?		
Please list any allergies the adult may have:		
Please describe any symptoms/treatments of known allergic reactions:		
Is the adult able to feed him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any special or specific needs instructions?		

Meal schedules/Preferences

Time	Adult Name	Food to be Prepared

Daily Schedule/Routine:

	Adult 1 -	Adult 2 -
Morning		
Afternoon		
Evening		
Late night		

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	

Back-Up Care Advantage Programme

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: _____

Meal Schedule:

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: