

Adult/Elder Care Activity Log

Client:_

Client's Emergency Nu	mber:		
Caregiver:Agency:			
Date:		Time Out:	
	Service	es Provided	
Meal Schedule			
Adult 1:		Adult 2:	
Time	Food / Drink	Time	Food / Drink
Medicat	ions: Please list medicatior	taken and what time (re	minders only).
Adult 1:		Adult 2:	
Medication	Time reminded	Medication	Time reminded
	Rest	Schedule	
Adult 1:		Adult 2:	
From	То	From	То
What activities did the	adult/elder participate in to	oday?	
Notes about the day:			
Caregiver's Signature:_			Date:

- ✓ Your feedback is important to us, you will receive a client satisfaction survey within the next week. Be sure to complete the survey to better service you.
- ✓ If your expectations were met, please make sure to request our agency / caregiver next time you use the Back-Up Care Advantage Program®.
- ✓ Recommend the Back-Up Care Advantage Program® to your colleagues.