Alta Mira Specialized Family Services
FAMILY LIVING DAILY ENTRIES

Instructions for Use:

1) This form should be filled out DAILY.

2) EVERY daily entry must have
   a. an electronic signature
   b. at least one Time In and Time Out entry

By typing your name, you are effectively signing this document. Your typed name is acceptable as a replacement for your written signature.

3) Time In and Time Out
   a. If at any time the Participant is in substitute care, a day program or with natural supports, you must record Time Out for when they leave, and Time In for when they return to you.
   b. If consumer is with you overnight, (the beginning of your shift), the first Time In of the day should be 12:00 am (Midnight).
   c. If consumer is with you at the end of the day, (the end of your shift), the last Time Out of the day should be 11:59 pm.
4) Please indicate how you "Assist" the participant as the provider.
   Sample:
   Morning Activities: I assisted Joe with his meds. I prepared breakfast for Joe.
   Afternoon Activities: Joe was with Sub-Care Provider 9:00-4:30
   Evening Activities: Joe helped fix dinner. Assisted Joe with evening meds, assisted Joe with evening routine showering and getting ready for bed.

5) To begin using a new form for the month, open this original file and "Save As" using the following format: ConsumerLastName,ConsumerFirstName_June2012.doc.

6) At the end of the month, when form is completed and saved for the final time, please email to FL@AltaMiraNM.org.

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Update Information:

Medication changes

Dosage change:

New medication:

Discontinued medication:

New medical diagnosis

New medical equipment (c-pap,nebulizer, etc.):

Health concerns

Please check any that apply:

Skin breakdown
Stumble
Cuts
Bruises
Rash
Fall
Signs or symptoms of aspiration

Date:

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