



## PEER SUPPORT PROGRAM ACTIVITY LOG

<b>GOAL:</b>				
<b>CLIENT'S INITIALS:</b>			<b>ACTIVITY DATE:</b>	
<b>ACTIVITY AND S.O.P. INFORMATION</b>			<b>DATE OF NEXT VISIT:</b>	
<p>Activity:</p>  <p>Subjective - <i>(what the client told you)</i></p>  <p>· Objective - <i>(your observations)</i></p>  <p>Plan - <i>(client's plan; what they'll do at, or before, next meeting)</i></p>				
<b>TO BE COMPLETED BY THERAPIST OR REHAB STAFF ONLY</b>				
<b>CLIENT NAME</b>	<b>D.O.B.</b>	<b>PSW</b>	<b>THERAPIST</b>	<b>DATE</b>