Alegria Family Services
2921 Carlisle NE, Suite 107
Albuquerque, NM 87110
Ph. 505-489-3034
Fax 505-888-7011
Family Friendly Services

IHLS Contact Log

MONTH: __ __ ____
(Begins MM/01/YYYY)

Assist Type Key:
I - Independent
P - Prompt
H - HandOverHand
F - Full Assist

Provider:_____

Individual:_____

Date 1:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 2:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 3:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 4:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 5:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 6:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 7:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 8:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 9:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 10:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 11:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 12:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 13:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 14:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 15:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 16:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 17:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 18:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 19:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 20:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 21:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 22:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 23:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 24:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 25:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 26:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 27:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 28:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

Date 29:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

IF APPLICABLE:

Date 30:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

IF APPLICABLE:

Date 31:			**Incident:**	
Dr. Appt:			**Therapy:**	
CHECK IF APPLY	**Ate** **✓= Yes** *w/ Assist Type*	Breakfast:___ (___), Lunch:___ (___), Dinner:___ (___).	**Assisted** **✓= Yes** *w/ Assist Type*	Medications:___ (___) Grooming:___ (___), Bathing:___ (___) Oral Care:___ (___), Clean Room:___ (___) Laundry:___ (___),
Outing/ Activity:				

For the Month of :_____,_____

Signature:_____

Provider:_____
(Type)

Date:_____