



**PEER SUPPORT PROGRAM ACTIVITY LOG**

<b>GOAL:</b>					
<b>CLIENT'S INITIALS:</b>			<b>DATE:</b>		
<b>DATE</b>	<b>ACTIVITIES/SIGNIFICANT INFORMATION</b>			<b>DATE OF NEXT VISIT</b>	
<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>	