



VOORHEES INPATIENT Volunteer Visit Documentation

PT NAME: _____

CLINICAL #: _____

VOLUNTEER: _____

VOL ID #: _____

Length of contact: _____

DATE: _____

Please circle any of the following that represent your activity while with the patient:

- A. Conversed with patient
- B. Sat quietly with patient
- C. Held patient's hand
- D. Read to patient
- E. Listened to music with patient
- F. Interacted with family members

Volunteer Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Length of contact is rounded to the nearest Quarter hour and includes travel time.
THANK YOU!!