**PT NAME: CLINICAL #:**

**VOLUNTEER: VOL ID #:**

**LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: On your FIRST visit with a patient, verify the patient’s identity with two of the following identifiers. Circle two:

1. Name 3. Introduction by family member or staff
2. Address 4. Known to volunteer

Date Initial \_\_\_\_\_\_\_\_

**NOTE: Activity time is rounded to the nearest Quarter hour and includes travel time.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Visits** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): O** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): O** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): O** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): O** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): O** |
| **Codes for Visits:**1. Conversed with patient
2. Sat quietly with patient
3. Read to patient
4. Listened to music/watched TV with patient
5. Conducted life review/made scrapbook
6. Played games/cards with patient
7. Went for walk with patient
8. Light meal/beverage preparation
 | 1. Light housekeeping/organizing
2. Helped with gardening/yard work
3. Conversed with family/caregiver
4. Ran errands for patient/caregiver
5. Visit canceled upon arrival
6. Bereavement (funeral/viewing/services)
7. Other\_\_**Music Performance**\_\_\_\_
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Volunteer Signature: Date:

Volunteer Coordinator Signature: Date:

**Remember** – please return your forms **MONTHLY**!

**Thank You!!**