**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**\_\_\_\_ | | | |

Volunteer Signature: Date:

Volunteer Coordinator Signature: Date:

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

**Thank You!!**