**PT NAME: CLINICAL #:**

**VOLUNTEER: VOL ID #:**

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| **Phone Call/Text** |
| **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** |
| **Codes for Calls:** **1.** Left message**2.** Spoke/Text with patient/family/caregiver**3.** *Visit Canceled by phone –reason* **4.** Condolence Call |

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| **Visits** **Remember** – please return your forms **MONTHLY**!**NOTE:** Activity time is rounded to the nearest Quarter hour and includes travel time. |
| On your FIRST visit with a patient, verify the patient’s identity with two of the following identifiers.Circle TWO: 1. Name 2. Address 3. Introduction by family member or staff 4. Known to volunteerDate: Initials:  |
| **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_****# Hours:\_\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_\_** |
| **Codes for Visits:**1. Conversed with patient
2. Conversed with family/caregiver
3. Conducted life review/made scrapbook
4. Light housekeeping/organizing
5. Light meal/beverage preparation
6. Listened to music, watched TV with patient
7. Played games/cards with patient
8. Ran errands for patient/caregiver
 | 1. Read to patient
2. Sat quietly with patient
3. Vet-to-Vet Visit
4. Went for walk with patient
5. Visit canceled upon arrival
6. Bereavement (funeral/viewing/services)
7. Other
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Volunteer Signature: Date:

Volunteer Coordinator Signature: Date:

**Thank You!!**