**PT NAME: CLINICAL #:**

**VOLUNTEER: VOL ID #:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 volunteer  Date: 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 | | |

Volunteer Signature: Date:

Volunteer Coordinator Signature: Date:

**Thank You!!**