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 \_\_\_\_\_\_\_\_

**PT NAME: CLINICAL #:**

**VOLUNTEER: VOL ID #:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** | **Date / HOURS / Code(s)** |
| **Phone Calls** | **Date:**\_\_\_\_\_\_\_\_\_**# Hours:****\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_** | **Date:**\_\_\_\_\_\_\_\_\_**# Hours:****\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_** | **Date:****\_\_\_\_\_\_\_\_\_****# Hours:****\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_** | **Date:**\_\_\_\_\_\_\_\_\_**# Hours:****\_\_\_\_\_\_\_\_\_****Code(s): \_\_\_\_\_\_\_\_\_** | **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 with patient/family/caregiver **3.** Spoke with patient/family/caregiver *– Visit Canceled* **4.** Bereavement |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Visits** | **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. 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
2. Helped with gardening/yard work
3. Took patient on outing
4. Took patient/caregiver to appointment
5. Conversed with family/caregiver
6. Ran errands for patient/caregiver
7. Visit canceled upon arrival
8. Bereavement (funeral/viewing/services)
9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

Volunteer Signature: Date:

Volunteer Coordinator Signature: Date:

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

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

**Thank You!!**