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!!**