

PT NAME: _____ CLINICAL #: _____

VOLUNTEER: _____ VOL ID #: _____

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 _____

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: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____
	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	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: _____	Date: _____	Date: _____	Date: _____	Date: _____
	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____
	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____

Codes for Visits:

<ul style="list-style-type: none"> A. Conversed with patient B. Sat quietly with patient C. Read to patient D. Listened to music/watched TV with patient E. Conducted life review/made scrapbook F. Played games/cards with patient G. Went for walk with patient H. Light meal/beverage preparation 	<ul style="list-style-type: none"> I. Light housekeeping J. Helped with gardening/yard work K. Took patient on outing L. Took patient/caregiver to appointment M. Conversed with family/caregiver N. Ran errands for patient/caregiver O. Visit canceled upon arrival P. Bereavement (funeral/viewing/services) Q. 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!!