



## Vigil Volunteer Visit Documentation Sheet

PT NAME: \_\_\_\_\_ CLINICAL #: \_\_\_\_\_

VOLUNTEER: \_\_\_\_\_ VOL ID #: \_\_\_\_\_

Date: _____	Date: _____	Date: _____
Length of Contact: _____	Length of Contact: _____	Length of Contact: _____
Code(s): _____	Code(s): _____	Code(s): _____

### Codes for Visits:

- A. Sat quietly with patient
- B. Held patient's hand
- C. Read to patient
- D. Listened to music with patient
- E. Sat with family members
- F. Ran errand for family
- G. Other \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Length of contact is rounded to the nearest Quarter hour and includes travel time.

THANK-YOU!!