

Volunteer Note

Patient Name: _____ MR# _____ Date: _____

Time In: _____ Time Out: _____ Length of Time: _____

Person Served

Patient
 Caregiver
 Bereaved
 Other: _____

Location of Service

Home
 Nursing Home
 Hospital
 Group Home
 Assisted Living Facility

Type of Activity

Visit
 Bereavement
 Administrative
 Special Project
 Telephone Call

Interventions: (X all that apply)

Respite Care
 Food Preparation
 Household Chores
 Excursion/Errands
 Special Project

Bereavement
 Companionship
 Shopping
 Emotional Support
 Socialization

Education
 Telephone Call
 Therapy: _____
 Music/Pet/Art
 Other: _____

Check all that Apply:

1. When I made my visit, the patient was:

Up in a chair In bed In a wheelchair Appeared Cheerful
 Awake Alert Confused Appeared Sad
 Drowsy Sleeping Unresponsive

2. During my visit I did these things for/with the patient:

Read Looked at pictures Did light housekeeping
 Listened to music Talked Went to activities
 Went for a walk Other: _____

3. Brief Narrative of the visit (key points, highlights, etc.):

4. The patient had visitors: Yes No

5. Did the patient appear comfortable at the time of your visit? Yes No

6. Who did you notify if the patient was in pain? _____

Volunteer Signature: _____