



**Volunteer Name** \_\_\_\_\_

**Visit Date** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**MR Number** \_\_\_\_\_

**Patient Location** \_\_\_\_\_

**Visit Time Start** \_\_\_\_\_ **Time End** \_\_\_\_\_ **Travel Time** \_\_\_\_\_ **Miles** \_\_\_\_\_

**Services Provided (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>H200</b> Patient Visit                 | <input type="checkbox"/> <b>B100</b> Bereavement Visit  | <input type="checkbox"/> <b>B300</b> Bereavement Phone Calls |
| <input type="checkbox"/> <b>B200</b> Bereavement - Patient Funeral | <input type="checkbox"/> <b>K400</b> Patient Phone Call | <input type="checkbox"/> <b>H201</b> Unmade Visit            |
| <input type="checkbox"/> <b>V100</b> Veteran Pinning               | <input type="checkbox"/> <b>H400</b> Attempted Visit    | <input type="checkbox"/> <b>V200</b> Veteran Visit           |
| <input type="checkbox"/> <b>V212</b> Pet Therapy                   | <input type="checkbox"/> <b>V212</b> Pampered Touch     | <input type="checkbox"/> <b>H200</b> Vigil Care              |
| <input type="checkbox"/> <b>V212</b> Direct Care Administrative    | <input type="checkbox"/> <b>V212</b> Hospice Home       | <input type="checkbox"/> <b>V212</b> Greeter                 |

**Description of Patient (Check all that apply)**

- |                                     |                                   |                                   |                                    |                                   |  |
|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alert      | <input type="checkbox"/> Friendly | <input type="checkbox"/> Sad      | <input type="checkbox"/> In Bed    | <input type="checkbox"/> Hostile  | <input type="checkbox"/> Open to Communication |
| <input type="checkbox"/> Sitting Up | <input type="checkbox"/> Confused | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Cheerful |  |

**During My Visit, I... (Check all that apply)**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Talked to Patient  | <input type="checkbox"/> Read to Patient   | <input type="checkbox"/> Provided Socialization for Caregiver    | <input type="checkbox"/> Helped With Chores |
| <input type="checkbox"/> Looked at Pictures | <input type="checkbox"/> Listened to Music | <input type="checkbox"/> Confirmed Patient's Emotional Reactions |   |

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Volunteer Manager: \_\_\_\_\_

Data Entry (please initial) \_\_\_\_\_

Date \_\_\_\_\_