



*Harmony Hospice
Volunteer note*

****This note must be redlined****

Patient Name: _____ *Date:* _____

Volunteer: _____ *Time in* _____ *Time out* _____

Type of Contact

- | | |
|---|---|
| <input type="checkbox"/> Visit with Pt/Family | <input type="checkbox"/> Telephone call |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Funeral Attendance |
| <input type="checkbox"/> Hospital visit | <input type="checkbox"/> Bereavement visit |
| <input type="checkbox"/> Facility visit | |
| <input type="checkbox"/> Other: _____ | |

Specific services performed

- | | |
|--|--|
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Feeding Patient | <input type="checkbox"/> House keeping |
| <input type="checkbox"/> Snack/water | <input type="checkbox"/> Yard/lawn work |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Funeral participation |
| <input type="checkbox"/> Letter writing | <input type="checkbox"/> Bereavement Care |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talking/listening | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Music | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spiritual/emotional support | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CG relief | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Telephone visit | |
| <input type="checkbox"/> Visit with family | |

Overview of visit: (who you talked to what you did, any concerns for Pt/Family that need to be communicated to the IDG etc)

Volunteer Signature: _____

Reviewed By: _____