

# Direct Patient Care – Volunteer Activity Report

DATE: \_\_\_\_\_

VOLUNTEER NAME: \_\_\_\_\_

TIME IN: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

TIME OUT: \_\_\_\_\_

## VISIT TYPE:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Phone Call      | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Funeral/Memorial |
| <input type="checkbox"/> Home Visit      | <input type="checkbox"/> Skilled Nursing    |   |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Personal Care Home |   |

## ACTIVITIES/FUNCTION (Check applicable):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Companionship       | <input type="checkbox"/> Household Chores/Prepared Meal | <input type="checkbox"/> Pet Therapy           |
| <input type="checkbox"/> Respite – Caregiver | <input type="checkbox"/> Chaplaincy/Spiritual Support   | <input type="checkbox"/> Music Therapy         |
| <input type="checkbox"/> Emotional Support   | <input type="checkbox"/> Bereavement                    | <input type="checkbox"/> Journaling            |
| <input type="checkbox"/> Patient             | <input type="checkbox"/> Grooming                       | <input type="checkbox"/> 11 <sup>th</sup> Hour |
| <input type="checkbox"/> Caregiver           |   | <input type="checkbox"/> Errands               |
|  |   | <input type="checkbox"/> Reading               |

## NOTES (Summarize visit – including patient/family response to volunteer services):

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## IMMEDIATE ISSUES (Only for EMERGENCIES ALREADY REPORTED to Crossroads Hospice staff):

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Physical         | <input type="checkbox"/> Spiritual   | <input type="checkbox"/> No issues to report |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Bereavement |  |

## Direct Patient Care – Volunteer Activity Report

NEXT SCHEDULED VISIT?:

Yes

N/A

Date: \_\_\_\_\_

Time: \_\_\_\_\_

VOLUNTEER SIGNATURE:

By typing your name, you attest that the above information is correct and true.

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