



Patient Name (last, first) _____ Date of visit: _____ Time: _____ am / pm

Clinical Record # _____ Place of care: [] Facility [] Home

Assignment: [] Companionship [] Healing [] Touch/Reiki [] Life Stories [] Household Support
[] Massage [] Caregiver Relief [] Vigil [] Other _____

Observations: Physical Activity of Patient: [] More active [] No change [] Less active [] 1st visit

Comments (nature of interaction with patient, activities, special observations):

Communication with interdisciplinary team (check all that apply):
[] Volunteer Services RN [] Social Worker Chaplain

Topic of discussion: _____

_____ Patient care time (direct visit, communication with family or care team, visit preparation)
_____ Travel time Mileage: _____ miles
_____ Total time Next visit is planned for: _____

Volunteer Name (print): _____

Volunteer Signature: _____ Date: _____

Volunteer Services: _____ Date: _____