

Volunteer Visit Report

Patient/Family Support



Procedure: Please complete this form after each visit or telephone contact. If you visit more than one patient in a single facility on the same date, please enter round trip mileage on only one visit report and mark mileage as zero on additional reports. All phone calls should report zero for round trip mileage. When complete please submit your report to your volunteer manager. **Do not save this form. Patient health information must remain secure.** Thank you for your prompt submission of patient and family visits.

Patient Name: _____
First Name Last Name

Hospice Patient # _____ (enter if available)

Date of Service: _____

Time: _____ AM / PM to _____ AM / PM

Total contact time: _____ hours _____ minutes (Round up to nearest 15 minutes.)

Round Trip Mileage: _____ (If telephone call, enter 0.)

Volunteer Service Provided: Please select...

- | | | |
|--|---------------------|----------------------------------|
| Patient Support | Telephone Contact | Caregiver Support |
| Other Family Support | 11th Hour Support | Spiritual Support |
| Patient Safety | Reflections Journal | Reflections Video |
| Massage Therapy | Veteran Recognition | Veteran to Veteran Patient Visit |
| Special Patient Services (music/art, pet visit, haircut, etc.) | | Post-Admission Visit |

Other (Please specify): _____

Please include a description of what you did with the patient/family and anything important that you observed during your visit. **Please call Covenant right away to report anything that is urgent such as pain/symptom control issues, changes in the patient's condition, or other concerns related to the patient/family.**

Observations:

Volunteer Name: _____
First Name Last Name

Branch/VCRM: _____
Branch Volunteer Manager Signature