

Name of Patient: _____ PCG: _____

Date of TC: _____ Time of Contact: _____ to _____ Time Spent: _____

Date of Visit: _____ Time of Contact: _____ to _____ Time Spent: _____

Location of Contact: _____ Travel Time: _____ Miles Traveled (Round Trip) _____

Circle each of the following that apply to your observations of the pt's or family's status today:

- 1) Compared to my last contact, pt. appeared - **stronger weaker the same n/a**
- 2) Compared to my last contact, pt. was - **more active less active the same n/a**
- 3) Compared to my last contact, pt. was eating - **more less the same n/a**
- 4) Compared to my last contact, pt. was sleeping - **more less the same n/a**
- 5) On this visit I found the pt to be physically - **comfortable uncomfortable in pain**
- 6) On this visit the pt. appeared to be emotionally - **peaceful agitated withdrawn expressing concerns re:** _____
- 7) On this visit the pt.'s family appeared to be - **peaceful upset expressing concerns re:** _____

Check each volunteer intervention that you utilized in response to the pt.'s status/expressed wish today:

- Supportive conversation w/pt. _____
- Supportive conversation w/family _____
- Prayer/Spiritual Support _____
- Relaxation techniques _____
- Massage _____ Specify _____
- Distraction/Imagery _____
- Music _____ What type? _____
- Reading _____ What was read? _____
- Use of fragrance _____
- Reported observations to:**
- Facility staff _____
- HWC SW _____ HWC Clergy _____ HWC RN _____
- HWC Vol Coordinator _____ HWC BV Coordinator _____

VOLUNTEER _____ DATE _____

Check each of the following that apply:

- Respite care _____ Companionship _____ Errands _____ "Being There" Team _____
- Medication/Supply Delivery _____ Meal Preparation _____ Transportation _____
- Household Help _____ Caregiver Assurance Line _____ Bereavement _____ Other _____

COMMENTS: _____

For Office Use Only: Volunteer Coordinator _____ BC _____ Logged _____ Recorded _____