Volunteer Patient Care Documentation

(Call HopeWest office immediately if patient or caregiver appears to be in a crisis situation.)

Please use blue ink and document each visit on its own form. Return completed form to HopeWest at the end of each month.

<table>
<thead>
<tr>
<th>Patient ID #</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name (Last)</td>
<td>(First)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Program (Circle Program at time of visit)</th>
<th>Hospice Care</th>
<th>Palliative Care (Transitions, Living with Cancer, Journeys)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Acupuncture</td>
<td>□ Funeral/Closure Visit</td>
<td>□ Haircut</td>
</tr>
<tr>
<td>□ Massage/Therapeutic Touch</td>
<td>□ Music Visit</td>
<td>□ Notary Service</td>
</tr>
<tr>
<td>□ Pet Therapy</td>
<td>□ Telephone Call</td>
<td>□ Transportation</td>
</tr>
<tr>
<td>□ Spiritual Support</td>
<td>□ Attempted Visit</td>
<td>□ Reiki</td>
</tr>
<tr>
<td>□ HCC Hands-On Assistance</td>
<td>□ Spiritual Support</td>
<td>□ Sitter for Agitated Patient</td>
</tr>
</tbody>
</table>

Services provided (Please choose only one)

- Time In
- Time Out
- Mileage to and from your home

Direct time with patient + Indirect time (Charting, travel, communication with staff) = Total Time

<table>
<thead>
<tr>
<th>Location</th>
<th>Patient Home</th>
<th>Nursing Home</th>
<th>Assisted Living</th>
<th>Hospital</th>
<th>Hospice Care Center</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Patient’s status at time of visit

- □ Awake
- □ Sleeping
- □ Confused or disoriented
- □ Appeared comfortable
- □ Appeared in pain**
- □ Appeared agitated**
- □ Appeared to be coping well
- □ Withdrawn
- □ Emotionally distressed**
- □ Depressed**
- □ Angry
- □ Other symptoms out of control**

Caregiver’s status at time of visit

- □ Not present
- □ Appears to be coping well
- □ Appears exhausted/emotionally distressed**

(Notify Volunteer Coordinator or appropriate team member if a change occurs in patient)

Other comments ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Frequency Planned ________________________________________________

Communication with Other Team Member (Name): _______________________________ Date: ____________

Volunteer Name (print) ___________________________________________________ Date __________________________

Volunteer Signature ____________________________________________________ Date __________________________