# VOLUNTEER PROGRESS NOTE

### PATIENT NAME: M.R.\_#

**Volunteer's Name:**

**LOCATION:**

**----Home visit ----Hospital Visit**

**----Skilled Nursing Facility ----In-Patient Unit**

**----Assisted Living Facility ----Telephone Support**

**VOLUNTEER ACTIVITY PERFORMED**

----Friendly Visit ----Talked with Patient ----Listened to Patient

---Sat with Patient ----Played Music for the Patient ----Held the Patient's Hand

---Ran errands/shopping ----Prayed/Recited prayers ----Prepared a lite meal

(home care only)\*

---Assisted in Personal ----Read to Patient ----Conversed in patient's Grooming native language

---Provided caregiver relief ----Helped with minor chores ----Prepared tray/opened

containers(patients that feed themselves)

---Accompanied patient ----Transported PCG \*any food items must be

to activities to cleared

---Interacted with patient's ---Facilitated Bereavement ---Bereavement -(attended family Group Memorial/Funeral

 PATIENT RESPONSE

----Verbal & Interactive ----Sleeping ---In good spirits

----Requested Music ----Non-Communicative ----Requested reading

---Expressed discomfort ----Declined Visit

-Notified RN/LPN

Full Name of Nurse\_

Volunteer's Signature Today's Date Date of next Planned Visit

Length of visit Hrs. Mins. Round Trip Travel Time: Hrs. Mins.

**PLEASE SUMIT FORM TO OFFICE WITHIN 48 HOURS OF VISIT**

**Volunteer’s Observations/Comments**

**Patient Name: M.R. #N\_**

**Volunteers Name**

 / /

Volunteer's Signature Today's Date