

**PATIENT CARE VOLUNTEER ACTIVITY RECORD FORM**

**\*\*USE BLACK INK ONLY\*\***

**PATIENT NAME:** \_\_\_\_\_ **MEDICAL RECORD#:** \_\_\_\_\_

**VOLUNTEER NAME:** \_\_\_\_\_

Phone Call Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ To/From: \_\_\_\_\_  
(PCG/PT/VC/RN/SW)

Phone Call Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ To/From: \_\_\_\_\_  
(PCG/PT/VC/RN/SW)

**PLEASE COMPLETE**

DATE OF SERVICE	ACTIVITY START TIME	ACTIVITY END TIME	TRAVEL TIME TOTAL MINUTES	MILES TRAVELED

**SERVICES PROVIDED (Check all that Apply)**

<input type="checkbox"/> Patient Companionship <input type="checkbox"/> Read to Patient <input type="checkbox"/> Played Games <input type="checkbox"/> Life Review <input type="checkbox"/> Went for Walk <input type="checkbox"/> Took Patient around in Wheelchair <input type="checkbox"/> Watched TV/Movies <input type="checkbox"/> Other: _____ <input type="checkbox"/> Light Housework <input type="checkbox"/> Assist with Meals <input type="checkbox"/> Caregiver Companionship	<input type="checkbox"/> Caregiver Respite <input type="checkbox"/> Light Meal Preparation <input type="checkbox"/> Errands/Grocery Shopping  <input type="checkbox"/> NODA Support <input type="checkbox"/> Vet to Vet Support <input type="checkbox"/> WHV Pinning Ceremony <input type="checkbox"/> Spiritual Support (lay Chaplains Only) <input type="checkbox"/> Condolence Phone Call <input type="checkbox"/> Memorial Attendance <input type="checkbox"/> Attended Case Conference/IDT	<input type="checkbox"/> Pet Therapy <input type="checkbox"/> Reiki Support <input type="checkbox"/> Supportive Music <input type="checkbox"/> Art Support <input type="checkbox"/> Massage Therapy
--	---	---

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next Scheduled Visit:** \_\_\_\_\_

Volunteer Signature: _____	Date: _____
Reviewed By: _____	Date: _____