

## VOLUNTEER CLINICAL NOTE

<b>Volunteer Name:</b>								
<b>Patient/Family Name:</b>								<b>Supervisor: Bethany Wynn</b>
Date	→							<b>Progress Notes/Comments</b>
Travel time begin	→							
Time in	→							
Time out	→							
Travel time end	→							
<b>LOCATION OF SERVICE</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	
Home								
Hospital								
Nursing Home								
Other: (specify)								
<b>PSYCHOSOCIAL SERVICE PROVIDED</b>								
Companionship								
Caregiver respite								
Emotional Support								
Patient								
Caregiver								
Family support								
<b>BEREAVEMENT</b>								
Phone support								
Attend funeral								
Other: (specify)								
<b>ACTIVITIES PROVIDED</b>								
Light meal preparation								
Light housekeeping								
Shopping								
Errands								
Other: (specify)								
<b>HOSPICE ORGANIZATIONAL ACTIVITIES</b>								
Clerical								
Answer phones								
Other: (specify)								
<b>CHANGES SINCE LAST VISIT</b>								
<b>Physical Needs:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:								
Is the patient uncomfortable due to pain? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)								
Are there non-verbal signs of pain? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)								
<b>Psychosocial Needs:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)								
<b>Emotional Needs:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)								
<b>Spiritual Needs:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)								
If yes to any of the above, was a case manager notified? <input type="checkbox"/> No <input type="checkbox"/> Yes Time:								
Volunteer Signature:								Date:
Volunteer Coordinator Signature:								Date:

You may email the completed form to: [bwynn@firstchoiceharrisonburg.com](mailto:bwynn@firstchoiceharrisonburg.com) or drop off a hard copy at the office. Thank you!