



HopeWest

GV     Montrose     PV     Delta     Meeker

# Volunteer Patient Care Documentation

(Call HopeWest at: 1(866)310-8900 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**

**Patient ID #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

**Patient Program**(Circle Program at time of visit)    **Hospice**    **PACE**    **Palliative**    **Dementia Support**

**Pre-Visit Screening**    **Patient Screening Clear: Yes \_\_\_ No \_\_\_**    **Self Screening Clear: Yes \_\_\_ No \_\_\_**

<b>Any Symptoms:</b> Cough, Fever, Chills, Shortness of Breath, Body Aches, Headache, Sore Throat, Fatigue/tiredness, change in smell or taste If any "yes" cancel visit & Call HopeWest	<b>Fever Today?</b> Current temp is >100 If "yes" cancel visit & Call HopeWest	<b>Exposure?</b> Any Contact with Persons who are COVID+ or have COVID symptoms? Unvaccinated and international travel within 10 days? If "yes" cancel visit & Call HopeWest
--	--	---

**Volunteer Service Performed:**

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Life Story	<input type="checkbox"/> Pet Therapy	<input type="checkbox"/> Transportation
<input type="checkbox"/> Acknowledgement	<input type="checkbox"/> Light Housekeeping	<input type="checkbox"/> Reading	<input type="checkbox"/> Yard Work
<input type="checkbox"/> Companion	<input type="checkbox"/> Massage	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Vigil
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Reiki	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hair Cut	<input type="checkbox"/> Memory Bears	<input type="checkbox"/> Respite Care	
	<input type="checkbox"/> Music	<input type="checkbox"/> Shopping/ errands	
	<input type="checkbox"/> Pet Assistance	<input type="checkbox"/> Spiritual Support	

Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Mileage to and from your home \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Direct Time with Patient                      Indirect Time                      Total Time

(Charting, travel, communication with staff)

**Location:**  Patient Home     Nursing Home \_\_\_\_\_     Assisted Living \_\_\_\_\_     FCC

Other \_\_\_\_\_

**Patient's status at visit:**

<input type="checkbox"/> Awake	<input type="checkbox"/> Depressed **	<input type="checkbox"/> Angry	<input type="checkbox"/> Other** _____
<input type="checkbox"/> Appeared Comfortable	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Confused or disoriented	
<input type="checkbox"/> Appeared to be coping well	<input type="checkbox"/> Appeared in pain **	<input type="checkbox"/> Appeared agitated **	
	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Emotionally distressed	

**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)

Frequency Planned \_\_\_\_\_

Volunteer Name (print) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_