LEWIS COUNTY HOSPICE

Volunteer Progress Note / Contact Report

Patient Name:		MRH	
Volunteer Name:		Contact Date:	
Travel:			
Time left Time arrived Visit:	Total: □ Phone □ Other	Minutes Minutes	
Travel:	Total: Conference time w/	LCH Staff Minutes Minutes	
Time left Time arrived	Total:		
	TOTAL TIME	Minutes	
□ Initial call/visit □ Visit/phone call □ Provided telephone suppol □ Explored ways to provide □ Provided emotional suppol □ Provided opportunity for □ Sent card/letter to patient □ Provided respite/family pol □ Provided respite/family avenue visited with patient □ Read to patient □ Wrote cards/letters for patient □ Wrote cards/letters for patient □ Visited with PCG/family for provided with PCG/family for provided PCG self carent provided PCG self carent provided provided provided provided provided provided provided tation provided companionship □ Light yard work □ Reported information verused provided companionship □ Light provided companionship □ Light provided information veruse provided prov	e support to patient/family ort emotional expression t or family resent way Atient view friends e ife review ith patient ith PCG/family/friends andchildren onal reading during meal bally to Hospice Staff (see note on		

Reminders: Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature:	Other:	
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Fill in heading, check appropriate boxes Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 		
 Use only blue or black ink to fill out report Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Volunteer Signature: Date: 	Reminders	
 Call with any situations that require immediate attention (376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature:		Fill in heading, check appropriate boxes
(376 -5453, 8:30 – 4:30; after hours: 376 – 5200 - ask to speak to a Hospice nurse) • Add information to your monthly Time Sheet • All contact information should be mailed every week by Friday Caregiver Signature:		
Add information to your monthly Time Sheet All contact information should be mailed every week by Friday Caregiver Signature: Date: Date:		(376 -5453, 8:30 – 4:30;
All contact information should be mailed every week by Friday Caregiver Signature: Date: Date: Date:		* *
Caregiver Signature: Date: Volunteer Signature: Date:		
Volunteer Signature: Date:		1 111 0 0 11 10 1 1 1 1 1 1 1 1 1 1 1 1
Volunteer Signature: Date:		
	Caregiver S	gnature: Date:
Reviewed By: Volunteer Coordinator/Date	Volunteer S	gnature: Date:
Reviewed By: Volunteer Coordinator/Date		
Volunteer Coordinator/Date	Reviewed B	y:
		Volunteer Coordinator/Date