Iowa River Hospice
Your River of Hope.

Volunteer: Patient Documentation Note

Patient Name: _____ Patient Visit Duration: _____

Visit Date: _____ Start Time: _____ End Time: _____

Location: _____ ☐ Visit Made ☐ Visit Missed

Type of Visit: ☐ In Person ☐ Phone Call Bereavement Visit: ☐ Yes ☐ No

Volunteer Observation of Patient's Physical Condition:

☐ Alert ☐ Sleeping ☐ Unresponsive ☐ Comfortable ☐Uncomfortable
☐ Weak ☐ Low Energy ☐ Increased Energy ☐ Well Groomed ☐ Agitated
☐ Unresponsive ☐ Other: _____

What did the Volunteer do for the Patient/Family Member:

☐ Visited ☐ Read to Patient ☐ Comforting Presence
☐ Respite for Care Provider ☐ Memory Making ☐ Took Outside/For Walk
☐ Watched TV Together ☐ Played Game/Cards ☐ Helped with Tasks
☐ Shared Hobby ☐ Played Music ☐ Cooked/Delivered Meal
☐ Errand/Shopping ☐ Grief/Support Group ☐ Other: _____

Volunteer Observations of Patient's Behavior:

☐ Joking ☐ Laughing ☐ Crying ☐ Quiet ☐ Talkative ☐ N/A
☐ Other: _____

Does Patient Report Pain? ☐ Yes ☐ No
**If Yes, call Hospice to report: 641-753-7704

Does the Patient/Family Member Identify a Need? ☐ Yes ☐ No
If Yes: _____

Volunteer Observations of the Care Provider/Family Member:

☐ Well Rested ☐ Good Spirits ☐ Managing ☐ Struggling Emotionally
☐ Tired ☐ Other: _____

Next Visit Scheduled? ☐ Yes ☐ No

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_____	_____
Volunteer	Date
_____	_____
Volunteer Coordinator	Date
_____	_____
Care Coordinator (RN or SW for Bereavement Status)	Date