

**VOLUNTEER PROGRESS NOTE**

**PATIENT NAME:** \_\_\_\_\_ **M.R. #** \_\_\_\_\_

**Volunteer's Name:** \_\_\_\_\_

**LOCATION:**

----Home visit

----Skilled Nursing Facility

----Assisted Living Facility

----Hospital Visit

----In-Patient Unit

----Telephone Support

**VOLUNTEER ACTIVITY PERFORMED**

----Friendly Visit

----Talked with Patient

----Listened to Patient

---Sat with Patient

----Played Music for the Patient

----Held the Patient's Hand

---Ran errands/shopping

----Prayed/Recited prayers

----Prepared a lite meal  
(home care only)\*

---Assisted in Personal  
Grooming

----Read to Patient

----Conversed in patient's  
native language

---Provided caregiver relief

----Helped with minor chores

----Prepared tray/opened  
containers(patients  
that feed themselves)

---Accompanied patient  
to activities

----Transported PCG  
to \_\_\_\_\_

\*any food items must be  
cleared

---Interacted with patient's  
family

---Facilitated Bereavement  
Group

---Bereavement -(attended  
Memorial/Funeral

**PATIENT RESPONSE**

----Verbal & Interactive

----Sleeping

---In good spirits

----Requested Music

----Non-Communicative

----Requested reading

---Expressed discomfort  
-Notified RN/LPN  
Full Name of Nurse \_\_\_\_\_

----Declined Visit

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date of next Planned Visit

Length of visit \_\_\_\_Hrs.\_\_\_\_Mins. Round Trip Travel Time: \_\_\_\_Hrs. \_\_\_\_Mins.

**PLEASE SUMIT FORM TO OFFICE WITHIN 48 HOURS OF VISIT**

**Volunteer's Observations/Comments**

**Patient Name :** \_\_\_\_\_ **M.R. #N** \_\_\_\_\_

**Volunteers Name** \_\_\_\_\_

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\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Today's Date**