

VOLUNTEER NURSING FACILITY RESIDENT VISIT

Resident: _____

Room: _____

This form is for inclusion in the Facility's chart for this Resident.

Volunteer Name: (Please print) _____

Date of Visit: _____ **Time:** _____ **to** _____

ACTIVITIES AT THIS VISIT - *Check all that apply:*

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Visit/Companionship | <input type="checkbox"/> Reading | <input type="checkbox"/> Reminisced | <input type="checkbox"/> Music |
| <input type="checkbox"/> Walked/Wheel Chair | <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Met patient's family | <input type="checkbox"/> Teen Companion |
| <input type="checkbox"/> Other: _____ | | | |

RESIDENT STATUS, AS OBSERVED - *Check all that apply:*

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Oriented | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Restless | <input type="checkbox"/> Agitated | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Drowsy | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Unresponsive |
| <input type="checkbox"/> Appeared to Enjoy Visit | <input type="checkbox"/> Did Not Want Visit | <input type="checkbox"/> Not in Room |
| <input type="checkbox"/> Other: _____ | | |

Additional Comments: _____

Volunteer Signature: _____

Note to Volunteer: Please place form at the nurses' station nearest the patient's room in the Hospice & Community Care binder.

Please place this form in the Hospice & Community Care Binder

Thank you very much.

*It is my privilege to visit this patient as
a member of the Hospice & Community Care Volunteer Team.*



HOSPICE & COMMUNITY CARE ♦ 24 HOURS/DAY at 1-877-506-0149

"... providing care and comfort to help patients and families live better at end of life."