

**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"/> Reminiscenced        | <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.*

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Volunteer



**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."*