HOSPICE VOLUNTEERS of Hancock County

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MONTHLY PATIENT CARE REPORT

Please note: HVHC's State License requires documentation of volunteer service for each patient / family in the patient folder. Please complete a report form for each patient on a monthly basis. Record time in appropriate box, in ¼ hour segments (.25, .50, .75, 1, etc.). If a visit includes more than one service, record time spent in principal service (i.e., "respite" and check other boxes).

PATIENT NAME: _____ **MONTH**: _____, **20__**

VOLUNTEER NAME: _____ **REGION**: _____

Date ☞							
Initial Assessment							
Emotional Support/Companionship Visit							
Respite							
Chores, Errands, Meals							
Emotional Support / Telephone							
Transportation of Patient / Family							
Bereavement Follow-up							
Other Service to Patient / Family							
Travel Time							

Signature: _____ **Date**: _____

TOTAL TIME SPENT IN PATIENT CARE FOR MONTH: _____ **hours**

TOTAL TRAVEL TIME FOR PATIENT CARE FOR MONTH: _____ **hours**

******Please note how you spent time with your patient and/or their caregiver(s). Please include notes about what the patient/caregiver says regarding any pain/ comfort concerns. If there are pain/discomfort concerns reported, in addition to documenting, please advise your Care Manager or Lori Johnson so this information can be relayed to medical hospice in a timely manner. Lastly, if any bereavement or family concerns are discussed by either the patient or care giver, please document.******

Visit 1. _____

Visit 2. _____

Recorded in DB: _____

(over)

Please note how you spent time with your patient and/or their caregiver(s). Please include notes about what the patient/caregiver says regarding any pain/ comfort concerns. If there are pain/discomfort concerns reported, in addition to documenting, please advise your Care Manager or Lori Johnson so this information can be relayed to medical hospice in a timely manner. Lastly, if any bereavement or family concerns are discussed by either the patient or care giver, please document.

Visit 3:

Visit 4:

Visit 5:

Visit 6:

Visit 7:

Visit 8:

Visit 9: