

**THREE RIVERS HOSPICE
VOLUNTEER
ACTIVITY REPORT**

Volunteer name: _____
Total time: _____
Mileage: _____

Patient Name: _____ **Date of visit(s):** _____

CHECK ALL ACTIVITIES PERFORMED :

- | | |
|--|--|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Bereavement support |
| <input type="checkbox"/> Reading to patient | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Writing letters/cards | <input type="checkbox"/> Emotional support |
| <input type="checkbox"/> Errands/Shopping | <input type="checkbox"/> Telephone reassurance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Hair styling services |
| <input type="checkbox"/> Accompanied to Doctor | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Other _____ |

Did you encounter any difficulties during your visit with the patient/family? yes no
If yes, please explain: _____

Observation of how the patient and family are coping at this time:

Your recommendations, if any: _____

Did you confer with any member of the I.D.T. this day?

RN MSW Vol. Director M.D. Aide

Comments: _____

Consultation regarding this patient or family requested with:

RN MSW Vol. Director M.D. Aide

Signature _____ **Date** _____

Please return to ATTENTION: Gretchen Lonerio, Volunteer Services Coordinator at: Three Rivers Hospice, 1195 Jacks Run Road, North Versailles, PA 15137 (by the 5th of each month).

