ASPIRUS AT HOME HOSPICE

VOLUNTEER REPORT

Please use Black or Blue ink. No white out, Draw line through error and initial. ***ONLY ONE VISIT PER FORM***

Patient Full Name_____**Date of Visit**_____**MedRec#**_____

LOCATION OF PATIENT: **Home** **Nursing Home** **Omega House** ☐ **Other**_____

SERVICES PROVIDED:

Respite **Caregiver Companionship/Support** **Telephone Contact**
Friendly Visit, Socialization **Staff Support** **Spiritual Support**

Personal Care:

Linen Change	**Light Household Tasks**	**Shopping/Errands**
Transfer	**Cooking/Dishes**	**Laundry**
Toilet Need	☐ **Vacuuming / Dusting**	**Comfort Measure/Massage**
Hair	☐ **Patient Feeding**	

Bereavement ☐ **Life Review** ☐ **Other**_____
☐ **Visit** ☐ **Telephone call**
☐ **Support at time of death**
☐ **Funeral** ☐ **Support Group**

On arrival, patient was in:
☐ **Bed** ☐ **Wheelchair**
☐ **Reclining Chair**
☐ **Other**_____

On arrival, patient was located in:
☐ **Bedroom** ☐ **Activity Area**
☐ **Hallway** ☐ **Dining Area**
☐ **Other**_____

On arrival, patient was: ***(check all that apply)***
☐ **Awake** ☐ **Non-responsive** ☐ **Easily aroused** ☐ **Asleep** ☐ **Other**_____

At end of visit, patient was: ***(check all that apply)***
☐ **Alert** ☐ **Talkative** ☐ **Comfortable** ☐ **Agitated** ☐ **Asleep** ☐ **Other**_____

Did patient complain of pain? ☐ **No** ☐ **Yes** ***If yes, tell what you did about it.***
☐ **Patient took meds** ☐ **Patient refused to take meds left by caregiver**
☐ **Notified caregiver** ☐ **Notified the Hospice office**

VISITS (***Substitute/Cancelled / Missed)***
☐ **Volunteer unable to visit (Date**_____**)** ☐ **Sub needed called VC** ☐ **No sub needed**
☐ **Patient cancelled /refused visit (Date**_____**) per telephone call** ☐ **Missed visit**
☐ **Please send more forms/envelopes for this patient**

Additional Comments: _____

Print Name _____**Volunteer Signature** _____

Patient Time	**Travel Time**	**Round Trip Miles**	**Next Scheduled Visit Date**

Volunteer Coordinator Signature _____**Review Date**_____

NOTE: This form is to be turned in after EVERY visit within 24 hours. Call 906-337-5700 if you need to talk to a hospice team member.