



VOLUNTEER PATIENT/FAMILY CARE REPORT

- Use one Patient/Family Care Report form per patient.
- Return completed/signed Patient/Family Care Report forms **at the end of each week**.
- Use **black ink only**. To make changes, please do not use white out; instead cross through any mistakes once, then write in changes and initial.
- When visiting multiple patients at a facility, fill in "Roundtrip Travel Time" on the first sheet only.

Patient Name (Print)		Patient #	
Date(s) of Visit(s)	Time with Patient/Family	Roundtrip Travel Time (round to ¼ hour)	Patient Care Phone Call (round to ¼ hour)
	Start Time: End Time:		Date: Total Time:
	Start Time: End Time:		Date: Total Time:
	Start Time: End Time:		Date: Total Time:
	Start Time: End Time:		Date: Total Time:
Please check this box if you need more forms			Total Documentation Time (round to ¼ hour)

Patient/Family Care Provided: (check all services provided)

- Home Visit
 Assisted Living Facility Visit Skilled Nursing Facility Visit
 Specialized Services Home / Facility
 Massage Therapy Haircuts
 Pet therapy Life Reflections/filming 11th Hour On-Call
 Specialized Services Hospice House
 Massage therapy Pet therapy 11th Hour On-Call
 Specialized Services Robison Residence
 Massage Therapy Pet therapy 11th Hour On-Call

IF YOU OBSERVE ANY CHANGES OR CONCERNS THAT NEED TO BE ADDRESSED, PLEASE WRITE HERE & CALL YOUR VOLUNTEER COORDINATOR AT 407-682-0808.

I will be out of service the following date(s) _____

VOLUNTEER NAME (print) _____

VOLUNTEER SIGNATURE _____ **DATE** _____

Please submit your volunteer hours report in one of the following ways:
Mail: Hospice of the Comforter, Attn: Volunteer Services, 480 W. Central Parkway, Altamonte Springs, FL 32714
Fax: 407-682-5956

Confidentiality Statement

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Department Use Only VC Reviewer Initials Data Entry: Initials _____ Date _____ DOD _____