

For office use only:

VM: _____

RN: _____

SW: _____

PC: _____

**MONTGOMERY HOSPICE
HOME CARE VOLUNTEER CONTACT NOTE**

PATIENT'S NAME _____

1. Visit: Date _____ Time in _____ Time out _____
Total Mileage _____ Total Travel Time (Minutes) _____

Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> listened to patient/caregiver | <input type="checkbox"/> talked with patient/caregiver | <input type="checkbox"/> prayed with patient/caregiver |
| <input type="checkbox"/> provided respite for caregiver | <input type="checkbox"/> performed light chores | <input type="checkbox"/> performed light meal preparation |
| <input type="checkbox"/> fed patient | <input type="checkbox"/> read to patient | <input type="checkbox"/> made bed |
| <input type="checkbox"/> did errands | <input type="checkbox"/> made telephone call(s) | <input type="checkbox"/> brought communion |
| <input type="checkbox"/> accompanied on errand/appointment | <input type="checkbox"/> assisted with toileting needs (wore gloves) | |
| <input type="checkbox"/> other (please describe):
_____ | | |

Complementary Therapies – Please check all that apply.

Touch / Aromatherapy:

- Lavender Oil Hand massage - patient
- Lavender Oil hand massage – caregiver

Music:

- Listened to / played CDs
- Sang with patient
- Played instrument

Guided Imagery:

- Played CD
- Read / spoke imagery

Other: _____

2. Telephone call to: _____ patient _____ caregiver/family member Date _____ Time _____

re: _____

3. Follow-up:

Made telephone call to team member (RN, SW, PC, VM) regarding change in patient's condition or concern with family

Team member's name _____ Date _____ Time _____

Notified nursing home staff of change in patient's condition

NH staff name _____ Date _____ Time _____

Attended team meeting at Montgomery Hospice Date _____

Additional information for the medical record:

VOLUNTEER'S SIGNATURE _____ **DATE** _____

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PLEASE RETURN THIS FORM WITHIN ONE DAY OF SERVICE PROVIDED TO: **Montgomery Hospice – Volunteer Services Office**
1355 Piccard Drive, Suite 100, Rockville, MD 20850
Fax: (301) 921-4433

