

**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:

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

**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** \_\_\_\_\_



NAME \_\_\_\_\_

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**VOLUNTEER**

NAME \_\_\_\_\_ **date** \_\_\_\_\_