

**Lewis County Hospice  
Volunteer Progress Note - Contact Report**

Patient Name: \_\_\_\_\_ ACCT# \_\_\_\_\_

Volunteer Name \_\_\_\_\_ Contact Date: \_\_\_\_\_

Travel: Time left \_\_\_\_\_ Time arrived \_\_\_\_\_ Total: \_\_\_\_\_

Visit: Time arrived \_\_\_\_\_ Time left \_\_\_\_\_ Total: \_\_\_\_\_

Phone \_\_\_\_\_ Minutes Paperwork \_\_\_\_\_ Minutes Other \_\_\_\_\_ Minutes

Conference time with Hospice Staff \_\_\_\_\_ Minutes

TOTAL TIME: \_\_\_\_\_ Minutes

**Enhanced the quality of life for patient/ family through the following interventions:  
Check all that apply. Fill in heading and appropriate lines. All forms need to be mailed  
weekly. Call with any situations that require immediate attention- SEE BACK SIDE**

- Initial call / visit
- Visit Patient
- Phone call
- Provided telephone support
- Explored ways to provide support to patient / family
- Provide emotional support
- Provided opportunity for emotional expression
- Sent card / letter to patient or family
- Provided respite - Family present
- Provided respite- Family away
- Read to patient
- Wrote cards or letters for patient
- Engaged patient in life review
- Visited with caregiver / family friends
- Encouraged caregiver self care
- Engaged caregiver / family in life review
- Outing with patient
- Outing with caregiver / family / friends
- Errands
- Light housekeeping
- Offered prayer / meditation
- Read scripture / inspirational reading
- Meal delivery
- Meal preparation / serving
- Provided companionship during meal
- Reported information verbally to Hospice Staff
- Other(see back)

**Verbally contact Hospice staff immediately( do not leave a voicemail) for any uncontrolled pain, sudden change in condition,issues with symptom management, falls / injuries, any safety concerns.**

**Call 315-376-5308 Mon- Fri 8:30 - 4:30, Weekends, Evenings,Holidays, 315-376-5200  
Ask to speak to a Hospice Nurse on call.**

**OTHER:** \_\_\_\_\_  
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**Caregiver Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Volunteer Coordinator)**

