

****Print and sign this report. Do not e-mail – confidential!***



Volunteer Name: _____ Month: _____ Year: _____

Please write in all contacts to patient/family, team and coordinator, travel time and documentation time, rounding to the nearest quarter hour: 1-15 min. = .25 hours 31-45 min. = .75 hours 16-30 min. = .50 hours 46-60 min. = 1.0 hour						Also, indicate type of contact: V = Visit TC = Telephone Call O = Other		Document each contact by date in detail including issues, concerns, significant changes observed, interventions, and discussions with team members and coordinator.	
DATE	CONTACT HOURS	TRAVEL & DOC. TIME	TOTAL HOURS	TYPE OF CONTACT	DOCUMENTATION				
VOLUNTEER SIGNATURE:						REVIEWED BY:			
CLIENT NAME:						PATIENT CARE			
(Last, First, M.I)						(Care Team)			
MEDICAL RECORD #:				D.O.B.		CONTINUE DOC. ON OTHER SIDE			

Document each contact by date in detail including issues, concerns, significant changes observed, interventions, and discussions with team members.

V = Visit
TC = Telephone Call
O = Other

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