

**COMFORT HOSPICE
VOLUNTEER VISIT NOTE**

Patient Name _____

MRN# _____

Date of Visit _____

Office Location: _____

Visit Time	In	
	Out	

Direct Services Provided:	Description of Services Provided and Patient/Caregiver Response
Answering Phones	
Companionship	
Emotional Support	
Errands	
Food Preparation	
Household Chores	
Massage Therapy	
Pet Therapy	
Respite Care	
Special Project	
Spiritual Support	
Telephone Call	
Tuck-in	
Veteran to Veteran	
Other: (specify)	
Administrative Services Provided:	Description of tasks, projects completed in the office; List personnel supported
Filing/Scanning	
Paperwork	
Administrative Task	

Comments: (This might include specific statements the patient or caregiver made) _____

Volunteer Signature: _____

VC Initials: _____