



ANGELIC HEALTH
· HOSPICE CARE ·
We're by your side

Angelic Health Hospice Volunteer Visit Note

Notes to be completed at visit and submitted to Volunteer Coordinator the same day as visit.

Name of patient _____

Location _____

Visit Date _____

Start Time _____ AM PM End Time _____ AM PM

Mileage Round Trip _____

Name of Volunteer _____

SERVICES PROVIDED (check all that apply)

- Companionship Caregiver Respite Reading Watched TV Talked Played cards/ games
Music Therapy Pet Therapy Other (specify) _____

At the time of my visit, the patient was... (check all that apply)

- In-bed In chair/wheelchair
Sleeping Awake Alert Drowsy Unresponsive Appeared Confused

Comments: _____

Signature of Volunteer _____

Visit Verification _____

Check one Patient Caregiver Facility