

# Volunteer/Chaplain Progress Notes



Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Date: \_\_\_\_\_

Check all services provided

START TIME: \_\_\_\_\_

End Time: \_\_\_\_\_

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

### BED SIDE VOLUNTEER

- PATIENT COMPANIONSHIP
- PATIENT SOCIALIZATION
- VISIT WITH FAMILY
- CARING TOUCH
- READING TO PATIENT
- WALKING WITH PATIENT
- SPIRITUAL SUPPORT
- PLAYING MUSIC
- LIFE REVIEW WITH PATIENT
- HAND MASSAGE

### HANDS ON ASSIST VOLUNTEER

- ASSISTS CHANGING CLOTHES
- ASSISTS WITH MEALS
- HAND MASSAGE
- PATIENT SOCIALIZATION
- VISIT WITH FAMILY
- OTHER

### CHAPLAIN/CLERGY

- SPIRITUAL SUPPORT TO FAMILY
- SPIRITUAL SUPPORT TO PATIENT
- PRAYER
- COMMUNION
- CHAPEL SERVICE
- BEREAVEMENT VISIT
- OTHER

Brief narrative of visit: Please describe your visit below.

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VOLUNTEER SIGNATURE: