



**Direct Care**

Volunteer Daily Activity Log

*It is the responsibility of the Volunteer to document each patient/family contract. Please complete the following form **within 48 hours**. If you feel, for any reason, that Hospice staff should be aware of a recent change, please contact us immediately at (518) 725-4545.*

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

Time of Visit: \_\_\_\_\_ to \_\_\_\_\_ Round Trip Travel Time: \_\_\_\_\_

Total Time: \_\_\_\_\_ Round Trip Mileage: \_\_\_\_\_

Patient Name (First Name, Last Initial Only): \_\_\_\_\_

Visit Refused (Reason): \_\_\_\_\_

**Direct Care Services Provided – Please Check All That Apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Answering Telephones          | <input type="checkbox"/> Pet Therapy Visit                     |
| <input type="checkbox"/> Caregiver Respite             | <input type="checkbox"/> Phone Call to Patient/Patient Family  |
| <input type="checkbox"/> Companionship                 | <input type="checkbox"/> Prayer                                |
| <input type="checkbox"/> Composed Bereavement Note     | <input type="checkbox"/> Reading/Letter Writing with Patient   |
| <input type="checkbox"/> Hair Care                     | <input type="checkbox"/> Shopping/Errands for Specific Patient |
| <input type="checkbox"/> Life Review “Dignity Therapy” | <input type="checkbox"/> Supportive Listening                  |
| <input type="checkbox"/> Light Housework               | <input type="checkbox"/> Walk/Feed Pets                        |
| <input type="checkbox"/> Meal Preparation              | <input type="checkbox"/> Other (Please Specify)                |
| <input type="checkbox"/> Music/Art at the Bedside      | _____  |

**Patient Status**

Patient Reported Pain Notified (Staff Name) \_\_\_\_\_

Changes/Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Confidentiality**

The information above may contain Protected Health Information (PHI) and is provided to you under the provisions of HIPAA allowing for PHI to be shared for the intended purpose of treatment, payment or operations. You, the recipient, are obligated to handle this information within the regulations of HIPAA. If you receive this communication in error, please notify the Mountain Valley Hospice, Volunteer Department at (518) 725-4545.