

**GRACE HOSPICE  
VOLUNTEER VISIT NOTE**

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

MRN# \_\_\_\_\_

Date of Visit \_\_\_\_\_

Office Location: \_\_\_\_\_

Visit Time	In	
	Out	

<b>Direct Services Provided:</b>	<b>Description of Services Provided and Patient/Caregiver Response</b>
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)	
<b>Administrative Services Provided:</b>	<b>Description of tasks, projects completed in the office; List personnel supported</b>
Filing/Scanning	
Paperwork	
Administrative Task	

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

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

VC Initials: \_\_\_\_\_