

**Hospice of Humboldt**  
**PATIENT CARE VOLUNTEER CONTACT RECORD**  
*(Fill in using black ink only, line through and initial errors)*

Patient Name Jane Doe Chart # 0000

Volunteer's Name (print) John Smith

Date of contact 9-1-2020

Time of contact: Beginning 1:30 Ending 3:30 p.m.

Type of contact:

- Telephone call to patient or other team members (H201)
- Home Visit (H200)
- Telephone call related to Bereavement after death (B201)
- Bereavement visit after death - must be approved in advance by Pt. Care Vol. Coordinator (B200)
- Other

Reason for the contact Home visit to provide respite for caregiver and companionship for patient.

Support/Services you provided Caregiver was able to leave house while I stayed with patient and offered support through compassionate/active listening.

Family/Patient response Patient was distressed and said, "I'm worried about my children after I die." Patient also seemed to be in a lot of uncontrolled pain.

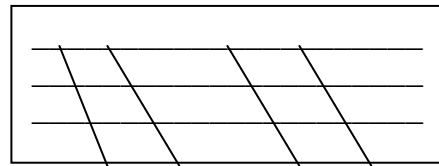
Is follow-up with a member of the ID Team needed?  No  Yes (If yes, describe below)

Follow-up phone call made to Called Patient's Social Worker to report that patient's pain seems out of control.

Signature John Smith ate 9-1-2020

## DIRECTIONS FOR COMPLETING THIS FORM

- Use Black ink.
- Complete one Contact Record form for each and every contact with a patient or a patient's family, no matter how brief (e.g., a 3 minute phone call to arrange a visit needs a Contact Record)
- Do not put multiple contacts on the same form, even if they occur on the same date.
- If you make a mistake, do not erase or use WhiteOut. Simply draw a single line through the error and initial it. (For example: ~~right~~ write).
- Document your contact as fully as possible by filling in each pertinent section of the form.
- Run a line through any unfilled lines on the page.



- Sign and date each Contact Record form.
- Fill out one line on the Time-Sheet for each Contact Record form.
  - Fill out the Time-Sheet completely. Enter date, code, chart #, Patient Name, number of *minutes* you spent on the contact activity, *minutes* spent traveling to/from the contact, miles driven, a brief summary comment about the contact.
  - Total the Activity Time, Travel Time and Miles columns
  - Sign and date the Time-Sheet
- As soon as possible after your last activity of the week, Mail or Fax completed Volunteer Contact Record forms with a corresponding Time-Sheet to the Patient Care Volunteer Coordinator. Mail to:

Patient Care Volunteer Coordinator  
Hospice of Humboldt  
2010 Myrtle Avenue  
Eureka, CA 95501

*If anything about your visit requires immediate attention,  
contact the Patient Care Volunteer Coordinator,  
the patient's Social Worker or,  
if after hours, call Hospice and the answering service  
will direct your call to the Nurse on duty.*

## Thank You!