

**PINE TREE HOSPICE**

**DIRECT CARE**

**CLIENT SERVICES RECORD**

VOLUNTEER: \_\_\_\_\_

MONTH/YEAR: ONE MONTH ONLY

CLIENT NAME: \_\_\_\_\_

**PTH licensure REQUIRES documentation of volunteer services. PLEASE complete a separate form for each Client per month. A brief comment about each visit is **REQUIRED**.**

PLEASE enter your time in ¼ hour segments.

DATE	CLIENT/ FAMILY CONTACT TIME (Hours)	VOLUNTEER TRAVEL TIME (NOT time with Client)		
04/01	1.0	.5		
<b>Comment:</b> Client spoke of earlier days with family. She then spoke of her terminal illness and what it will mean for her family. She stopped abruptly and cried. Provided emotional support. Client stated that she wanted to discuss another topic. Assured Client that we can talk about anything whenever she is ready.				
04/08	.25			
<b>Comment:</b> Telephone call from Client canceling visit due to injury.				
04/15	1.0	.5		
<b>Comment:</b> Took Client to run errands as she cannot drive due to injury. Client appeared upbeat and engaged in conversation throughout our time together.				
04/20	.5	.5		
<b>Comment:</b> Client sleeping. Primary Caregiver expressed discouragement over situation. Provided emotional support. Left early as Client still resting peacefully.				
04/27	1.0	.5		
<b>Comment:</b> Client quiet today but reported nothing was wrong. Played a game of cards. Noted Client had difficulty handling the cards today – more so than last month.				
<b>TOTAL CLIENT CONTACT HRS.</b>		<b>3.75</b>	<b>TOTAL VOL. TRAVEL HOURS</b>	<b>2.0</b>

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VOLUNTEER COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE

CHECK this box if there is more information on the back  
CHECK this box if you have used more than 1 page for this Client

