

North Iowa Hospice  
232 2<sup>nd</sup> St. S E  
Mason City, IA 50401

800-297-4719 or 641-428-6208

FAX: 641-428-6244

### Patient Care Volunteer Log Sheet

**Use Black Ink Only**

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

Total Time of Visit: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Total miles for reimbursement: \_\_\_\_\_

**Check all that apply:**

Patient Companionship

Transportation

Light meal preparation

Assistance with errands

Caregiver relief

Sat quietly with patient

Other \_\_\_\_\_

**Summary of visit:**

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

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

**Return this log sheet ASAP after your visit so that it can be filed in a timely manner in the patient chart.**

**North Iowa Hospice**

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

**Patient Care  
Volunteer Log Sheet**

Medical Record # \_\_\_\_\_ DOB \_\_\_\_\_