

Patient: _____
ID # _____



A Special Kind of Caring

Home-based Care Team *Bowers Hospice House*
P.O. Box 1472 454 Cranberry Drive
Beckley, WV 25802 Beckley, WV 25801
(304) 255-6404 (304) 250-6040
FAX (304) 253-4914 FAX (304) 250-6038

**PATIENT CARE
VOLUNTEER DOCUMENTATION FORM
DOCUMENTATION IS DUE WITHIN (1) WEEK OF VISIT**

Home Care /Nursing Home Volunteer		Bowers House Volunteer		Volunteer Chaplain	
	Patient Companionship		Patient companionship		Phone Call
	Life Story Services		Life Story Services		Chaplain visit for patient
	Vigil Services		Vigil Services		Chaplain visit for family
	Caregiver socialization		Caregiver socialization		Caregiver socialization
	Caregiver respite		Caregiver respite		Communion
	Bereavement		Bereavement		Prayer
	Reading to patient		Reading to patient		Devotion
	Music/Singing		Music/Singing		Music/Singing
	Chores/Lt. Housekeeping		Veterans Services		Read Scripture
	Veterans Services		Other:		Funeral
	Other:				Bereavement:

Date: M/D/Yr	Brief Narrative of Visit

Volunteer Signature: _____

Volunteer Coordinator Signature: _____