



VOLUNTEER PATIENT SERVICES REPORT

All charting is to be mailed to Harry Hynes Memorial Hospice immediately following each visit. Mail completed form to: Harry Hynes Memorial Hospice, 313 S. Market, Wichita, KS 67202.

Chart in ink – blue or black only, no white-out.

Date of Volunteer Support _____

Patient's Name _____ Patient # _____
(Last) (First)

County _____ Team (check one) Center Southeast KS

- Regular ongoing match
- Substitute for regular volunteer match

- One time request
- Comfort Crossing

Direct Patient/Family Service

- Patient/Family Phone Call
- Patient/Family Visit (Home)
- Patient Visit (Care facility)

- Funeral Service
- Patient/Family Transportation

Volunteer Activity (Please check all that apply)

- Caregiver relief/respice
- Visit with patient/caregiver
- Watch TV
- Play music
- Read to patient
- Hand massage
- Food preparation

- Housekeeping/Laundry
- Errands
- Feed patient
- Repairs/home maintenance
- Transportation
- Walk
- Other _____

Pain Assessment

- Patient is comfortable
- Patient is in pain and is NOT comfortable.
 - Called the office immediately and spoke with _____

NOTE: If you have notes for the Volunteer Coordinator, please write them on a separate sheet. This form is part of the Patient Chart and cannot include notes for the Volunteer Coordinator.

Reminder: If you note a situation that needs to be addressed, call your Volunteer Coordinator as soon as possible.

Center Teams

Rita Hynes
316.219.1762
rhynes@hynesmemorial.org

Southeast Teams

Aquila Winchell
620.704.1110
awinchell@hynesmemorial.org

IN CASE OF EMERGENCY call 316-265-9441 or 800-767-4965 and ask for the on-call nurse.

Volunteer Signature _____ Date _____

Total time (including round trip travel time): _____ Miles driven (round trip) _____

Date Received: _____
Staff: _____