



IOWA CITY HOSPICE

Volunteer Time Sheet

Enter the patient's first name in box below. Choose the appropriate code for your direct patient care or bereavement contact. Please be sure to both print AND sign your timesheet. Please fill out a separate timesheet for each visit-one patient per timesheet please!

Name of Volunteer: _____

Signature of Volunteer: _____

Patient's Name:			<i>Please mail completed form to: Iowa City Hospice, 1025 Wade St. Iowa City, IA 52240</i>		
Date	Type of Contact	Bereavement	Direct Patient Care	Start time (including travel)	End time (including travel)
(Example)	V	-	PC	3:45pm	5:15pm
(Example)	TC	BC	-	9:25am	9:55am

Key:

Type of Contact:	V	Visit (home, hospital, care facility)	Direct Patient Care Codes:	PC	Patient Care (companionship, assistance with meals, etc)
	TC	Telephone call		FD	11 th Hour/Final Days
Bereavement Codes:	BV	Bereavement Visit		M	Massage/Comfort Touch
	BC	Bereavement phone call		PT	Pet Therapy
				T	Transportation
				P	Projects (Life Review, construction, etc)
				S	Shawler

Visit Comments:

Complete and return to Iowa City Hospice after each visit. Thank you!

Questions? Call 319.688.4200 or email karen.kagan@IowaCityHospice.org