



IOWA CITY HOSPICE

Volunteer Time Sheet

Type in the patient's name in box below. Choose the appropriate code for your direct patient care or bereavement contact.
Please fill out a separate timesheet for each visit-one patient per timesheet please!

Volunteer Name:

Please email completed form as an attachment to:
volunteer@iowacityhospice.org, or
fax it to 319-351-5729, or
mail to: 1025 Wade Street, Iowa City, IA 52240

Volunteer Signature:

Patient's First Name:

Date	Type of Contact	Bereavement	Direct Patient Care	Start of visit time (including travel)	End of visit 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
				PPOM	Pet Peace of Mind
				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 volunteer@iowacityhospice.org