



Partners In Care

## Patient Progress Note/Checklist

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

Month/Year: \_\_\_\_\_

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

Case Manager (RN): \_\_\_\_\_

Social Worker: \_\_\_\_\_

Hospice     Transitions

Contact Dates	Date	Date	Date	Date	Date	Date	Date	Date
<b>GENERAL CONDITION</b>								
Asleep								
Non-responsive								
Alert/Awake								
Ambulatory								
Up in Chair								
Bed-Bound								
Cheerful								
Depressed/Angry								
Clear								
Confused/Delusional								
Calm								
Anxious/Frightened/Fearful								
Other								
<b>ASSISTANCE WITH</b>								
Pet Therapy								
Respite Visit								
Friendly Visit								
Meals								
Reading/Writing								
Cleaning								
Transportation								
Shopping/Deliveries								
Minor Maintenance/Yard Work								
Other								
Patient Unavailable for Scheduled Visit								

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

Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

**Hospice | Home Health | Hospice House | Transitions | Palliative Care**

Administration and Hospice House: 2075 NE Wyatt Court Bend OR 97701 (541) 382-5882 www.partnersbend.org