



**HOSPICE CARE CENTER
DAILY PATIENT CARE VOLUNTEER TIMESHEET**

Volunteer Signature:			Date:	
Printed Name:			Entered By:	
Start Time	End Time	Code	Patient Name	Mileage

VOLUNTEER TIMESHEET CODES
Please attach patient care documentation form to daily timesheet for all significant patient visits of 15 minutes or more.

- VHA** V HCC Acupuncture
- VHB** V HCC Bereavement Visit
- VHC** V HCC Cake Delivery Visit
- VHD** V HCC Dog Therapy
- VHF** V HCC Funeral / Closure Visit
- VHH** V HCC Haircut
- VHK** V HCC Telephone Call (K)
- VHL** V HCC Life Stories
- VHM** V HCC Massage / Therapeutic Touch
- VHN** V HCC Notary Service
- VHO** V HCC Photography
- VHP** V HCC Patient Visit
- VHR** V HCC Respite for Caregiver (time spent with the patient providing the caregiver a break)
- VHS** V HCC Spiritual Care Visit
- VHT** V HCC Transportation
- VHU** V HCC Music Therapy
- VHV** V HCC Vigil Care
- VG**T PT Care HCC General Time (assisting staff or time spent with patients less than 15 minutes)
- VTH** PT Care HCC General Time Complimentary Therapies

Special Note: Travel time is not counted in hours for the Hospice Care Center