



Patient Name: _____

HHC#: _____

Nursing Facility: _____

Home (city): _____

Volunteer Chaplain Documentation Form Hospice Spiritual Assessment Routine

Volunteer Name (print): _____

Date of Contact: ____/____/____

Time In: _____ Time Out: _____

Total Time (include travel time): _____

Miles (round trip): _____

Reimbursement for mileage requested? Yes No

Are there any concerns from previous visit that you are here to follow up on? Yes No

SPIRITUAL REFERENCE INFORMATION

Are there any changes to spiritual perspectives? Yes No

If Yes, Specify: _____

Are there any changes to spiritual contact information? Yes No

If Yes, Specify: _____

SUPPORTIVE CARE - Check all that apply and whom provides the care

Hospice Chaplain

- 1 - Clergy visits
- 2 - Communion
- 3 - Counseling
- 4 - Prayer
- 5 - Scripture
- 6 - Other Spiritual Readings
- 7 - Other:

Patient's Spiritual Community

- 1 - Clergy visits
- 2 - Communion
- 3 - Counseling
- 4 - Prayer
- 5 - Scripture
- 6 - Other Spiritual Readings
- 7 - Congregation members visit
- 8 - Other:

PAIN/SYMPTOM MANAGEMENT

Does the patient/family express or do you observe s/s of any pain/symptom issues that need to be reported to the Case Manager? Yes No

If yes, specify what to report: _____

Time/Date reported to Case Manager: _____

FINANCIAL NEED

Does the patient/family express or do you observe any financial needs that need to be reported to the Social Worker? Yes No

If yes, specify what to report: _____

Time/Date reported to Social Worker: _____



Patient Name: _____

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MAJOR SPIRITUAL CONCERNS

- No change
- New concerns checked below:
 - 1 - Patient's spiritual doctrine/beliefs may affect end of life choices (spiritual conflict)
 - 2 - Suffering
 - 3 - Spiritual Diversity/rituals
 - 4 - Need for closure
 - 5 - Spiritual Distress
 - 6 - Potential for Suicide
 - 7 - Other:

END OF LIFE DECISION

Assist patient/caregiver with planning/preparation of funeral arrangements/final rites:

- 1 - No plans initiated
- 2 - Plans in Process
- 3 - Plans complete Name of Funeral Home: _____
- 4 - Patient physically unable to participate in planning process
- 5 - Patient unprepared/unwilling to participate in planning at this time

SPIRITUAL VISIT NOTE (Guideline)

Support communication/expression of feelings between patient and /or family members.

Yes No

Provide arrangement for requested sacraments.

Yes No

Assess patient/family spiritual resources.

Yes No

Provide support through: prayer, sacraments, scripture reading, meditation, religious services, presence, other _____.

Yes No

Initiate life review, validation of belief system, providing acceptance.

Yes No

Assess and evaluate spiritual resources in the community for patient/caregiver.

Yes No

CLINICAL NOTE

PLAN FOR NEXT VISIT

Volunteer Signature: _____ **Date:** _____

Volunteer Coordinator (office use only):

- Reviewed Cost Savings Bereavement Cost Savings Mileage

Action taken: _____

Signature: _____ **Date:** _____