**Patient’s Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_\_**

**Volunteer Documentation and Handover Record**

| **Date and Shift** | **Issues to communicate** | **Assist with fluids** | **Assist with meals** | **Volunteer name/sign** |
| --- | --- | --- | --- | --- |
|  |  | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |
|  |  | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |
|  |  | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |
|  |  | ☐ Yes ☐ No  Type:  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |
|  |  | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |
|  |  | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No  Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Eaten:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses  ☐ assist hear/aids |

Published Oct 2016. Next review 2025. © State of NSW (Agency for Clinical Innovation)