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

**Volunteer Documentation and Handover Record**

| **Date and Shift** | **Issues to communicate** | **Assist with fluids** | **Assist with meals** | **Volunteername/sign** |
| --- | --- | --- | --- | --- |
|  |  | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |
|  |  | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |
|  |  | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |
|  |  | ☐ Yes ☐ NoType:Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |
|  |  | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |
|  |  | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ NoType:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ☐ menu completion ☐ walking with patient ☐ gentle leg exercise ☐ assist glasses ☐ assist hear/aids |

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