

VISITING NEIGHBORS, INC.

"Neighbors helping neighbors since 1972"

CLIENT CASE NOTES

~Please Print Clearly~

Date ___/___/___

Begin Time _____

End Time _____

Client Name _____

Volunteer/Student Name _____

Nature of Activity (Circle One)

• Friendly Visiting

• Shop & Escort

Please circle one of the following for Shop and Escort

Doctor

Dentist

Physical Therapy

Shopping

Errands

Other

Mobility Aids Used (If Any) _____

Physical Condition _____

Condition of Apartment _____

Client's Emotional State/Mood _____

Overall Experience and Additional Comments _____

Signature _____