

Client Name	Date
Client Address	
Visit Start Time	Visit End Time

Please tick as appropriate.

What did you and the client discuss and/or do during the visit?

Orientation – Was the client?

Aware/engaged
 Slightly confused
 Mildly confused
 Moderately confused
 Very confused

Mental State – Was the client?

Stable/rational
 Apprehensive/concerned
 Low mood
 Withdrawn

Behaviour – Was the client?

Co-operative
 Passive/quiet
 Aggressive
 Defensive
 Reserved
 Unsettled
 Wanders
 Unsafe

Do you have any health or medical concerns for the client?

No
 Yes
 If yes, please explain:

Do you have any other concerns about the client?

No
 Yes
 If yes, please explain:

Please return the completed form to Westmont Community Care within 24 hours of the visit.

Volunteer Name	
Signature	

Office Use Only:

Action Taken	
Actioned By	
Signature	
Date	
Manager Signature	