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Senior Program Home Visit Report

Senior Name: _____

Volunteer Name: _____

Month / Year (please submit by the 3rd of each month): _____

Total Visits to Senior:	Total Hours Volunteered:	YES	NO
In the past month, have there been changes in the senior's ability to get around? (i.e. the senior needs to use cane, walker, balance problem)			
In the past month, have there been changes in the senior's personal appearance? (i.e. cleanliness, grooming or dress)			
In the past month, have there been changes in the senior's medical condition?			
In the past month, has the senior seemed less interested in his/her usual activities?			
In the past month, has the senior been unusually sad, angry or frustrated?			
In the past month, has the senior seemed confused or suffered memory loss?			
In the past month, has there been a noticeable change in the senior's relationship with others such as a relative, neighbor or doctor?			
In the past month, has there been a change in the condition of the senior's residence? (i.e. cluttered, dirty or unsafe)			
If you answered yes to any question above or if you have any comments, please elaborate:			