

**Friendly Visitor Program**

215 West Breckinridge Street  
Louisville, Kentucky 40203  
502.587.8673



**Monthly Report**

Participant's Name: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Total Visits  
To Participant

Total # of  
Telephone calls

Total Hours  
Volunteered

In the past month, have there been changes in your participant's

- mobility.
- personal appearance.
- medical condition.
- interest usual activities.
- emotional state.
- memory.
- relationships.
- ability to maintain their residence.

If you have noticed any changes, or if you have any comments, please elaborate:

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**Please return by the 7<sup>th</sup> of the month to [mcantwell@elderserveinc.org](mailto:mcantwell@elderserveinc.org), by fax at 502-587-0222, or by mail to the address above.**

**Thank you so much for your contributions to older adults in our community!**