



Health Pal Volunteer Monthly Contact Report

Month _____ Year _____

Member Name: _____

Health Pal Name: _____

Service	Date												
Health Pal Specific Services													
Pre Appointment Visit or Call													
Accompany to Visit/Procedure													
Health Pal Appt. Follow Up													
Health Pal Provided Transportation													
Mode of Transportation _____													
In Home Assistance or Errands													
Prescription/ Medical Supplies Pick up													
Assist with Forms													
Other:													
Other													