



APPROVED SOCIAL VISITOR PLAN

RESIDENT LABEL

Site/Unit: _____

Date: _____

Social Visit Plan Approved by: _____

(Signature of the site Representative)

(Signature of Social Visitor)

Approved Social Visit Plan	
Social Visitor's Name	
Contact Information	
Rational/Need: Why are social visits required?	
Check all that apply AND add a supporting comment below	
Social Care Needs due to Compassionate Care	
<input type="checkbox"/>	Critical Illness
<input type="checkbox"/>	Palliative Care, Hospice Care, End of Life and Medical Assistance Dying
Social Care Needs due to Physical Care and Mental Well-Being	
<input type="checkbox"/>	Assistance with feeding
<input type="checkbox"/>	Mobility and Personal Care /ADLs
<input type="checkbox"/>	Assistance by Designated Representative for Persons with Disabilities
<input type="checkbox"/>	Translation or Communication
<input type="checkbox"/>	Support Decision Making
<input type="checkbox"/>	Exsiting Registered Volunteer for Services above
Social Care Needs: Other	
<input type="checkbox"/>	Visits required to move belongings in/out of a resident's room
<input type="checkbox"/>	Police, correctional officers and peace officers accompanying a resident for security reasons
Comments	
VISIT SCHEDULE	
Date of First Visit:	
Date(s) of Monthly review:	
Visit Schedule, if applicable	
Visit Time of Day:	
Visit Length:	
Additional Comments or considerations	