Mental Health America of Fredericksburg

**SENIOR VISITORS PROGRAM**

# VISIT SHEET

A program of Mental Health America of Fredericksburg

**Clients Name_____ Date_____**

**Volunteer_____Phone_____**

## COMMENTS:

My client enjoys our visits and therefore is less isolated. Yes or No
(circle one)

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## Total time with client_____

**Mail to:** **Senior Visitors Program**
**Mental Health America of Fredericksburg**
**2217 Princess Anne St., Suite 219-1**
**Fredericksburg, VA. 22401**

**E-Mail to:** **mhafsv@mhafred.org**
**Fax to:** **540-372-3709**