

## Brief Encounter

Client Name:

Date of Encounter:

Address:

Phone:

Age: \_\_ 0–20 \_\_ 21–59 \_\_ 60–80 \_\_ 80+ Gender M F

Location of Contact (*Circle*): Faith Community    Agency/Office    Hospital  
Home                                    Nursing Home                                    Phone

Faith Community Status: \_\_ Member \_\_ Other \_\_\_\_\_

Name of Faith Community:

Referred by:

Reason/Action/Outcome: (NANDA, NIC, NOC)

---

Faith Community Nurse Signature