

Monthly Report

Faith Community or Agency:

Name of Faith Community Nurse:

Month:

Individual Interactions

Type of Contact	Faith Community Nurse	Health Ministry Team Member
Telephone calls received		
Telephone calls made		
Faith Community contact		
Home visit		
Hospital visit		
Nursing Home visit		
Funeral/Wake		
Transportation		
Agency visit		
Physician's Office visit		
Other (specify)		

Age Groups			
0-20	21-59	60-80	80 +

Type of Screening	Number Screened

Presentations

Subject Attendance			
		Support Groups	Monthly Attendance

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Referrals to:

Spiritual Leader:

Health Care Provider:

Community Agency (List agency and number of people referred)

Referrals from:

Spiritual Leader:

Health Care Provider:

Faith Community Members:

Community Agency:

Meetings (Optional):

List type and frequency of meetings.

Feedback received from Clients

Parish Nurse Name & Credentials

Date