Parish / Faith Community Nurse **Page ___**
Care Notes

Client ____ Date case opened ___________Date case closed__________

Initial Site Visit: __Church __Home __Hospital __Office __Phone __Shelter Other _____________

Referral From: __Self __Family Member __Pastoral Staff __Physician __Community Other___________

~ ~

Name ____ Gender __M __F

Address ____ D.O.B. _____________

City/State_____________________________________ Zip Code ____________________ Ethnicity ____________

Telephone(s): ____ Occupation: ________________________________

Congregation: __________________ Community Setting: ____

Household or Family members, relationship and contact phone numbers (Home, Work, Cell): ______________________________

____

____

Alternate contact/s with phone numbers (Home, Work, Cell):

____

____

Advanced directives completed? _____Living Will _____ D- Power of Attorney Where located? ____________________

Insurance information: ____

Physician(s) name and phone

____

____

Medical history: ____

____

____

____

Medications (name / dose / frequency)

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____

Chief Concern/Problem:

____

____

____

____

____

Parish / Faith Community Nurse **Page ___**
Care Notes

Date:_____ Site: __Church __Home __Hospital __Office __Phone __Shelter Other _____

Data:

Action

_____
_____
_____
_____
_____

Response

Outcomes

Check any that apply:

- ❑ Hospital / ER avoidance
- ❑ Improved health status (ie: BP or cholesterol improved after PN intervention)
- ❑ Access to care / resources
- ❑ Health care system navigation
- ❑ Enhanced Independent Living
- ❑ Injury Prevention
- ❑ Knowledge increased related to:
  _____
  _____
- ❑ Lifestyle changes/ positive health behaviors
- ❑ _____
- ❑ _____

Nurse signature/initials _____

Date:_____ Site: __Church __Home __Hospital __Office __Phone __Shelter Other _____

Data:

Action

_____
_____
_____
_____
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Response

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Nurse signature/initials _____