

Community Parish Nurse Program Monthly Statistics

Name(s) _____ Month/Year _____
 _____ Church/Area _____

Monthly Number of Individual Contacts

A Total _____
 B. Male _____ Female _____
 C. Age: 0-12 _____ 13-21 _____ 22-50 _____ 51-70 _____ Over 70 _____

Setting (place numbers)

C _____ HV _____ H _____ NH _____ PC/E _____ CM _____ NBV _____ Other _____

(code: C=Church, HV=Home Visit, H=Hospital, NH=Nursing Home, PC=Phone Call/Email, CM=Card Ministry, NB=New Baby Visit)

Referral (place numbers)

Referral to: PS _____ CH _____ HCP _____ MD _____ COM (specify) _____
 O _____

(code: PS=Pastoral Staff, CH=Church Resources, HCP=Other Health Care Professional, MD=Physician, COM=Community Resources, O=Other)

Total time worked this month by parish nurse(s) _____

Met with pastor _____ Health & Wellness Committee Meeting _____

Screening

Type	Group	Date	#Screened	#Abnormal	#Referred

Optional: Program and Activities Organized/Attended by Parish Nurse (Bulletin, Health Display, CE Programs, etc.)

COMPLETED FORM DUE TO PARISH NURSE OFFICE BY THE 5TH OF EACH MONTH