



PARISH NURSE DOCUMENTATION

Office:
Email:

Cell:
Website:

Name		Phone	Date
Gender <input type="checkbox"/> M <input type="checkbox"/> F		Age <input type="checkbox"/> Child <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior	
Visit Location			
Referred by		Current Need/Description	
Lifestyle Risk Factors	<input type="checkbox"/> Smoking <input type="checkbox"/> Obesity	<input type="checkbox"/> Nutrition <input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Other
Stressors	<input type="checkbox"/> Family <input type="checkbox"/> Financial	<input type="checkbox"/> Employment <input type="checkbox"/> Spiritual	<input type="checkbox"/> Other
Vulnerability	<input type="checkbox"/> Low risk	<input type="checkbox"/> High risk	<input type="checkbox"/> Plan
Community Resources in Place	<input type="checkbox"/> Lifeline <input type="checkbox"/> Transportation	<input type="checkbox"/> Shopping <input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Homemaking <input type="checkbox"/> Home Care/Hospice
Programs Currently on	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Other	<input type="checkbox"/> None
Social Support	<input type="checkbox"/> Married <input type="checkbox"/> Family	<input type="checkbox"/> Church activities <input type="checkbox"/> Friends	<input type="checkbox"/> Community activities <input type="checkbox"/> Caregiver(s)
Assessment	Pertinent Medical History		
	<input type="checkbox"/> Recent hospitalization <input type="checkbox"/> Illness <input type="checkbox"/> Pain (1-10) <input type="checkbox"/> Physical problems	<input type="checkbox"/> Edema <input type="checkbox"/> Respiration <input type="checkbox"/> Medication <input type="checkbox"/> Sigh	<input type="checkbox"/> Hearing <input type="checkbox"/> Appetite (nutrition) <input type="checkbox"/> Other:
	Sanitation		
	<input type="checkbox"/> Clean environment <input type="checkbox"/> Cluttered	<input type="checkbox"/> Safe <input type="checkbox"/> Needs/is receiving help	<input type="checkbox"/> Phone <input type="checkbox"/> Other
	Mental/Emotional		
	<input type="checkbox"/> Confused <input type="checkbox"/> Memory loss <input type="checkbox"/> Fears	<input type="checkbox"/> Depressed <input type="checkbox"/> Communicating <input type="checkbox"/> Sleeping	<input type="checkbox"/> Overwhelmed <input type="checkbox"/> Other
Client Concerns			
<input type="checkbox"/> Transportation <input type="checkbox"/> Financial <input type="checkbox"/> Family connections <input type="checkbox"/> Other			
Spiritual Needs			
<input type="checkbox"/> Salvation <input type="checkbox"/> Prayer <input type="checkbox"/> Fellowship with other believers <input type="checkbox"/> Other			
Other Pertinent Information	Primary Physician Name		Phone
	Other Health Care Professional Name		Phone
	Advanced Directives <input type="checkbox"/> Y <input type="checkbox"/> N Durable Power of Attorney for Health Care <input type="checkbox"/> Y <input type="checkbox"/> N		
Plan			
Health Education Provided			
Referrals Made	<input type="checkbox"/> Pastoral visit <input type="checkbox"/> Visitation Ministry	<input type="checkbox"/> Community resource <input type="checkbox"/> Health care	<input type="checkbox"/> Other:
Outcomes (Personal Health Counselor)	<input type="checkbox"/> Health concern managed <input type="checkbox"/> Behavior pattern practiced <input type="checkbox"/> Questions addressed <input type="checkbox"/> Safe haven created <input type="checkbox"/> Story told	<input type="checkbox"/> Relationship established <input type="checkbox"/> Unresolved issue processed <input type="checkbox"/> Issue clarified <input type="checkbox"/> Grief expressed/attended <input type="checkbox"/> Support received	<input type="checkbox"/> Anxiety relieved <input type="checkbox"/> Need to talk accomplished <input type="checkbox"/> Emotional pain diminished <input type="checkbox"/> Validation/affirmation rec'd. <input type="checkbox"/> Meanings explored/verbalized
Parish Nurse			Date