

**Faith Community Nurse Network  
Of the Greater Twin Cities**

Name: \_\_\_\_\_  
Congregation: \_\_\_\_\_  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Monthly Summary**

**I. CLIENT INTERACTIONS**

A. New \_\_\_\_\_ Follow-up \_\_\_\_\_ B. Male \_\_\_\_\_ Female \_\_\_\_\_  
C. Member \_\_\_\_\_ Non-Member \_\_\_\_\_

**Total # of Interactions** \_\_\_\_\_

D. Location

C \_\_\_\_\_ O \_\_\_\_\_ H \_\_\_\_\_ HV \_\_\_\_\_ NH \_\_\_\_\_ P \_\_\_\_\_ PA \_\_\_\_\_ E \_\_\_\_\_ Other \_\_\_\_\_

(CODE: C = CONGREGATION; O = OFFICE; H = HOSPITAL; HV = HOME VISIT; NH = NURSING HOME;  
P = PHONE; PA = PANTRY; E = E-MAIL)

E. Age

0-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ 18-30 \_\_\_\_\_ 31-50 \_\_\_\_\_ 51-65 \_\_\_\_\_ 66-80 \_\_\_\_\_ over 80 \_\_\_\_\_ unknown \_\_\_\_\_

F. Ethnic Heritage

Caucasian \_\_\_\_\_ African American/Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Oriental \_\_\_\_\_

Native American \_\_\_\_\_ Middle Eastern \_\_\_\_\_ Far Eastern \_\_\_\_\_ Multi-cultural \_\_\_\_\_

Unknown \_\_\_\_\_ Other \_\_\_\_\_

**II. PURPOSE OF INTERACTION**

A. Spiritual \_\_\_\_\_ C. Psychosocial \_\_\_\_\_

Advanced Care Planning \_\_\_\_\_

B. Health/Wellness Issue D. Safety/Environment \_\_\_\_\_

Cancer \_\_\_\_\_ E. Financial \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Chronic disease \_\_\_\_\_

GI \_\_\_\_\_ F. Other \_\_\_\_\_

GU/Reproductive \_\_\_\_\_ (specify) \_\_\_\_\_

Infectious disease \_\_\_\_\_

Mental health \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Pulmonary \_\_\_\_\_

Sensory \_\_\_\_\_

Health-seeking behavior \_\_\_\_\_

Other (specify) \_\_\_\_\_

**III. INTERVENTIONS**

A. Spiritual Care \_\_\_\_\_ C. Supportive Care \_\_\_\_\_

B. Health Teaching \_\_\_\_\_ D. Assessment \_\_\_\_\_

**IV. REFERRALS**

Referral From:

S \_\_\_\_ M \_\_\_\_ NM \_\_\_\_ CS \_\_\_\_ MD \_\_\_\_ HCP \_\_\_\_ ME \_\_\_\_ PN \_\_\_\_ FAM \_\_\_\_ Other \_\_\_\_

*Total AHC Referrals* \_\_\_\_

(CODE: S = SELF; M = MEMBER; NM = NON-MEMBER; CS = CONGREGATIONAL STAFF; MD = PHYSICIAN; HCP = HEALTH CARE PROFESSIONAL; ME = MEDIA; PN = PARISH NURSE; FAM = FAMILY)

Referral To:

CS \_\_\_\_ CR \_\_\_\_ HCP \_\_\_\_ COM \_\_\_\_ MD \_\_\_\_ PN \_\_\_\_ EdR \_\_\_\_ Other \_\_\_\_

*Total AHC Referrals* \_\_\_\_

(CODE: CS = CONGREGATIONAL STAFF; CR = CONGREGATIONAL RESOURCE; HCP = HEALTH CARE PROFESSIONAL; COM = COMMUNITY; MD = PHYSICIAN; PN = PARISH NURSE; EdR = EDUCATIONAL RESOURCES)

**V. CONGREGATIONAL PARTNERSHIPS (Please use back page for additional space-include section #)**

A. Meetings	# of mtgs.:	Hrs:	B. Congregational Activities	# attended:	Hrs:
Clergy/Staff	_____	_____	Worship Services	_____	_____
Congregational Comm.	_____	_____	Funerals/Wakes	_____	_____
Community Comm.	_____	_____	Social Events/Fellowship	_____	_____
Other _____	_____	_____	Other _____	_____	_____
			_____	_____	_____

**VI. GROUP CONTACTS**

Date	Category	Title	# participants	Age Range	Target Audience	Prep Time	Program Time	PN Code	Comments (Screening= PAB/ or AB)

(CATEGORY CODE: EP = EDUCATIONAL PROGRAM; SG = SUPPORT GROUP; VM = VOLUNTEER MINISTRY; CP = COMMUNITY PARTNERSHIP; SCR = SCREENING; HF = HEALTH FAIR; SD = SPIRITUAL DEVELOPMENT; ESD = EDUCATIONAL AND SPIRITUAL DEVELOPMENT; O = OTHER)  
(PN CODE: CD = COORDINATOR/DEVELOPER; FA = FACILITATOR; P = PRESENTOR; PA = PARTICIPANT; O = OTHER)





