Screening Worksheet

Faith Community Nurse Network
Of the Greater Twin Cities

(Type of Screening: _____) Date: _____

Gender		Age	Results	Under MD Care?	Comments:	Initials
Male	Female					
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		
				Y N		

Parish Nurse Signature_____
Congregation _____

Signature/Initial _____
Signature/Initial _____
Signature/Initial _____

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