

PN/HM: _____

MONTH: _____ YEAR: _____

Monthly Tracking Form for Parish Nurses

Church: _____
 City: _____

Date	Name/Initials OR Activity (Form Key)	Demographics (Sex, age, location of visit)			Type of Health Concern	Type of Intervention	# of Referrals		Time	Form Key
		M/F	Age	Place	(Use Form Key)	(Use Form Key)	From	To	(Hrs)	
										Health Concern: • Health Related Behavior (HRB) • Psychosocial / Spiritual (PS) • Physiological (P) • Environmental (E) • Developmental (D) Interventions: • Teaching / Counseling (T/C) • Spiritual Care (SC) • Advocacy / Referral (A/R) • Care Coordination (CC) • Family Support (FS) • Surveillance (S) Group Activities: • Educational • Health Fair • Lifestyle • Prayer Shawl Indirect Activities: • Volunteer Coord. • Mtgs: Staff • Mtgs: Community • Mtgs: PN/HM • Newspaper/Bulletin • Cont. Educ. • Professional Dev. • Program Dev. • Administrative

For Group Activities or Indirect Service, record date, activity and hours spent