

**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 _____ F. Other _____

GI _____ (specify) _____

GU/Reproductive _____

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 _____

