

Christ Episcopal Church
Pastoral Care Visit Report Form

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Clergy | <input type="checkbox"/> DOK | <input type="checkbox"/> Newcomer Group |
| <input type="checkbox"/> Eucharistic Visitor | <input type="checkbox"/> Parishioner | <input type="checkbox"/> Order of St. Luke |
| <input type="checkbox"/> Koinonia | <input type="checkbox"/> Staff | <input type="checkbox"/> Prayer Shawl Ministry |

Name of Visitor _____

Phone Number _____ Date _____

Person Visited _____

Type of Visit

- | | | |
|--|--|--|
| <input type="checkbox"/> Communion #_____ | <input type="checkbox"/> Follow Up Visit | <input type="checkbox"/> New Born |
| <input type="checkbox"/> Death of Relative | <input type="checkbox"/> Surgery | <input type="checkbox"/> Newcomer |
| <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Illness | <input type="checkbox"/> Routine Visit |

Other _____

Location

- | | | | |
|--------------------------------------|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Church | <input type="checkbox"/> Hospital | <input type="checkbox"/> Nursing Facility | <input type="checkbox"/> Phone Visit |
| <input type="checkbox"/> Home | <input type="checkbox"/> Sent Note | <input type="checkbox"/> Work Place | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Other _____ | | | |

Essential Comments for Clergy

Place Visit Report form in box provided in cabinet behind reception desk or email information to Lauren Buhmaster at laurenb@gmail.com. *Form Revised 11/21/2012*

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