

# Faith Community Nursing Monthly Activity Report

(Return completed to: Debbie Waring, 2801 N. Gantenbein Ave., #E1072, Portland, OR. 97227 or fax to:  
Deb @ 503-413-2147; or email to [metropn@spiritone.com](mailto:metropn@spiritone.com))

Faith/Community Name: \_\_\_\_\_ Month/Year \_\_\_\_\_

Your Name: \_\_\_\_\_ Total miles: \_\_\_\_\_ Reimbursed? (√one) Yes\_\_ No\_\_

Total Hours: \_\_\_\_\_ Paid Hours: \_\_\_\_\_ Unpaid Hours: \_\_\_\_\_

## Number of Visits/Contacts (Do not include BPs – see below) in EACH Category

Church	Phone	Home	Hospital	Nursing Home	Other	Total

## Number of Contacts in Each Category

Age	0-12	13-20	21-40	41-60	61-70	71-80	80+
Male							
Female							

## Number of Referrals Made/Received (Do not include BPs – see below) Total #:

	To	From		To	From
Medical Professional			Mental Health		
Clergy			Hospital		
Health Agency or Clinic			Support Group		
Community Agency			Volunteer		

## Blood Pressure Screenings (Monthly hours: \_\_\_\_\_)

Number of people screened	
Number of Hypertensions Recorded	
Number of Referrals Made	

## Other Activities (classes, newsletters, support groups, meetings, etc.)

Activity descriptor/Handout/mailling	Number of Attendees/Readers	Prep Time	Class/Meeting time

## Volunteers

Number of volunteers	Number of Hours	Type of Support Provided