

Faith Community Nursing Monthly Activity Report

(Return completed to: Debbie Waring, 2801 N. Gastenbein Ave., #E1072, Portland, OR, 97227 or fax to:
Deb @ 503-413-2147; or email to mcrogers@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

Monthly Report Sample Nursing

Xiang Xie



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