

Faith Community/Parish Nurse Monthly Statistics

Name(s) _____ Month/Year _____

Faith Community/Congregation _____

Total Number of Contacts _____ **Men** _____ **Women** _____

Age: 0-19 _____ 20-35 _____ 36-50 _____ 51-65 _____ 66-80 _____ >81 _____

Health or other concerns (place number next to concerns)

Preventative _____ Acute _____ Chronic _____ General Health Education _____ Advocacy _____
Spiritual _____

Specific health risks: Obesity _____ **Diabetes** _____ **Hypertension** _____ **Heart Disease** _____

Setting (indicate numbers): Faith Community _____ Home/Hospital/Nursing Home/Assisted Living (group together) _____ Phone Calls _____ Cards _____ Email _____

Referral (numbers)

Faith community resource _____ Health care professional _____ Facility – please name (Memorial, Memorial North Park, Erlanger, Parkridge, Siskin, etc.) _____

Hours worked _____ # Meetings with pastor/director _____ #Health Committee Meetings _____

Screenings

Blood pressures _____ #Abnormals _____ #Referred to HCP _____

Blood glucose _____ #Abnormals _____ #Referred to HCP _____

Flu vaccines given (seasonal activity) _____

Program and Activities organized by the Faith Community Nurse (Bulletin insert, bulletin board, speaker, CPR classes, etc. (Please be specific if you provided education around the 4 health risks indicated above): _____

Activities FCN attended or participated in (Network meetings, CPR recertification, continuing education): _____

COMPLETED FORM DUE TO COORDINATOR BY THE 5TH OF EACH MONTH

Send to: Connie Rotters Blake, MSN, RN, FCN, 6001 Clark Road, Harrison, TN 37341 or Fax to 344-8097 – do NOT include a cover sheet.

Online version available on NEWS page of website at: <http://parishnurseministry.net/news.htm>

Revised 7.10