



HOSPITAL VISITATION FORM

1 of 2

GENERAL INFORMATION

Patient / Member Name:		Date:
Hospital:	In: _____	Out: _____
Present at visit: Patient, Other _____		

GREETING

- Informed member/patient that visit is on behalf of Pastor Kinloch & Triumph church.
- Extend greeting and well wishes on Pastor's behalf.
- Provide member/patient with contact information for future reference.

Nature of illness/ Diagnosis _____

STATE OF CONDITION / PROGNOSIS

- Stable; will recover soon
- Critical / ICU
- Unknown/uncertain
- Serious
- Grim/Hospice
- Surgery: YES / NO

STATE OF MIND / SPIRIT

- Why Me?
- Guilt
- Hope / Peace
- Denial
- Lonely
- Faith
- Depressed /grieved
- Receiving lots of support
- Apathetic

SPIRITUAL & EMOTIONAL SUPPORT PROVIDED

- Presence
- Discussion

SACRAMENTS PERFORMED

- Prayer
- Anointing with oil
- Dedication
- Scripture reading
- Communion
- Other _____

Specific issues addressed: _____



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EXPRESSIONS OF LOVE

- Get well card Flowers
 Inspirational Book / Reading material Other _____

Comments _____

REFERRAL TO OTHER MINISTRY FOR MORE FOLLOW UP:

- Spiritual Guidance Bereavement
 Intercessory Prayer Benevolence

Follow up visit planned? Yes / No

Follow up contact information:

Address:

Telephone number:

Email address:

Money spent on visit:

Expression of Love/Gift \$ _____

Parking \$ _____

Total spent \$ _____

***please attach all receipts

Signature of Hospital Visitation Ministry Representative and Date