**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Patient / Member Name:</th>
<th>Date Visited:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital:</td>
<td>In: __________ Out: __________</td>
</tr>
</tbody>
</table>

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
- □ Scripture reading
- □ Communion
- □ Other ____________________________________________

Specific issues addressed: ______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**SACRAMENTS PERFORMED**

- □ Prayer
- □ Anointing with oil
- □ Dedication
- □ Other ____________________________
EXPRESSIONS OF LOVE

☐ Get well card

☐ Inspirational Book / Reading material

☐ Flowers

☐ Other ________________________________

Comments ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

REERRAL TO OTHER MINISTRY FOR MORE FOLLOW UP:

☐ Spiritual Guidance

☐ Intercessory Prayer

☐ Bereavement

☐ 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