



Compassion Central Ministry Visitation Form

GENERAL INFORMATION

Care Recipient Name:	Date Visited:
Location: <input type="checkbox"/> Home	<input type="checkbox"/> Hospital
Present at visit: Member, Other _____	

GREETING

- Smile. Introduce yourself, converse.
- Informed member that visit is on behalf of Pastor Rick and Prince of Peace Church.
- Extend greeting and well wishes on Church's behalf.

STATE OF CONDITION / PROGNOSIS

Nature of Illness, Diagnosis:

- | | |
|--|--|
| <input type="checkbox"/> Homebound | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Stable | <input type="checkbox"/> Grim / Hospice |
| <input type="checkbox"/> Unknown / uncertain | <input type="checkbox"/> Upcoming Surgery? |

STATE OF MIND / SPIRIT

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Why Me? | <input type="checkbox"/> Denial | <input type="checkbox"/> Receiving lots of support |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Lonely | Other notes: |
| <input type="checkbox"/> Hope / Peace | <input type="checkbox"/> Faith | |
| <input type="checkbox"/> Apathetic | <input type="checkbox"/> Depressed/grieved | |

SPIRITUAL & EMOTIONAL SUPPORT PROVIDED

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Presence | <input type="checkbox"/> Communion | <input type="checkbox"/> Devotion / Scripture Reading |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Prayer | |



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PRAYER LIST

- | | |
|--|--|
| <input type="checkbox"/> Add to Prayer email chain | <input type="checkbox"/> Add to Weekly bulletin |
| <input type="checkbox"/> Add to monthly Prayer list | <input type="checkbox"/> Pastor Eyes Only |
| <input type="checkbox"/> List a specific prayer request: | |

EXPRESSIONS OF LOVE

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Get well card | <input type="checkbox"/> Flowers | <input type="checkbox"/> Inspirational Book / Reading Material |
| <input type="checkbox"/> Cross | <input type="checkbox"/> Other _____ | |

Comments _____

Your Information

Name: _____ Money Spent on Visit: \$ _____

Expression of Love / Gift \$ _____

Parking \$ _____

Telephone number: _____ Total Spent \$ _____

***** please attach all receipts**

Email address: _____

Return this form to Pastor Rick at the next Compassion Central meeting, or drop it off at the Church office, or scan and email to maria@popphoenix.org