



# HOSPITAL VISITATION FORM

## GENERAL INFORMATION

|  |           |               |
|--|-----------|---------------|
| Patient / Member Name:                 |           | Date Visited: |
| 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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1 of 2

## 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