



# TRANSITIONS OF LIFE ASSESSMENT FORM

Member Name:	Date Contacted:
--------------	-----------------

## 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.

Seeking Counsel for: \_\_\_\_\_

## STATE OF MIND / SPIRIT

- |                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Why Me?      | <input type="checkbox"/> Denial | <input type="checkbox"/> Depressed / Grieved                 |
| <input type="checkbox"/> Guilt        | <input type="checkbox"/> Lonely | <input type="checkbox"/> Lack of Support of Family / Friends |
| <input type="checkbox"/> Hope / Peace | <input type="checkbox"/> Faith  | <input type="checkbox"/> Apathetic                           |

## SUPPORT PROVIDED

- |                                   |                                     |                                    |
|-----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Presence | <input type="checkbox"/> Counseling | <input type="checkbox"/> Emotional |
|-----------------------------------|-------------------------------------|------------------------------------|

## SACRAMENTS PERFORMED

- Prayer    Anointing with oil    Communion    Scripture reading    Other \_\_\_\_\_

Specific issues addressed: \_\_\_\_\_

## RESOURCES SUPPLIED

- Tracks    Inspirational Book / Reading material    Other \_\_\_\_\_

## EXPRESSIONS OF LOVE

- Card of Encouragement    Other \_\_\_\_\_

## FINAL ASSESSMENT

- Good    Further Counseling    Unknown / Uncertain

Comments \_\_\_\_\_

## REFERRAL TO OTHER MINISTRY FOR MORE FOLLOW UP:

- Outside Source    Follow up visit planned? Yes / No

## Follow up contact information

Address:	
Phone Number:	Email address

Money spent on visit: \$ \_\_\_\_\_ (\* please attach all receipts)

Signature of Spiritual Guidance Ministry Representative and Date