

Faith Community Nursing • Yearly Activity Summary Report

No. of months active: _____ in 20____

(Return completed to: Northwest Parish Nurse Ministries, 2801 N. Gantenbein Ave., #E1072, Portland, OR. 97227;

Fax to: Sandy Madsen RN, Education Coordinator @ 503-413-2147; or Email to sandym@npmn.org)

Faith Community Name: _____

City/State: _____ Email: _____

Parish Nurse/Health Minister Name(s): _____

Blood Pressure Screenings

	Number Screened	Number Hypertensive	Hours Served	*Referrals Made
Monthly				
Yearly Total				

Visits/Contacts Made in the Year

	Home	Hospital	Nursing Home	Church	Phone	Email / Other
Monthly visits						
Yearly Total						
Hours served						
Yearly Total Hours						

Referrals Made/Received (other than from Blood Pressures)

	Monthly	Yearly Total		Monthly	Yearly Total
Medical Professional			Mental Health		
Clergy			Hospital		
Health Agency or Clinic			Support Group		
Community Agency			Volunteer		

Other Activities (newsletters, classes, support groups, meetings, bulletin boards, etc.)

Description Examples: <i>Monthly Health Column</i> 50 readers, 600 served yearly, 1.5 hrs. prep/mos= 18 hrs.; <i>Health Cabinet Chairman</i> , 1.5 hrs. prep/mos= 18 hrs yrly, 2 hr. mtgs/mos = 24 hrs yrly.	No. of Attendees, Newsletter Readers, etc.	Prep Time	Time writing, teaching, other
Yearly Totals -	No. Served	Hours	Hours

Volunteers - Yearly Overview

Number of volunteers	Number of Hours	Type of Support Provided

Total Hours Served:	Paid Hours:	Unpaid Hours:	Total Miles:	Reimbursed? (None) Yes__ No__
Signature(s)				