

**Northern Waters Parish Nurse Ministry**  
**Parish Nurse Monthly/Quarterly Report Form**

**Congregation Name:** \_\_\_\_\_ **Month(s)/Year:** \_\_\_\_\_  
**Number of congregation members** \_\_\_\_\_ (Answer once a year unless significant change)

**Parish Nurse:** \_\_\_\_\_ **#of hours worked: Paid:** \_\_\_\_ **Unpaid:** \_\_\_\_  
**#of unpaid miles:** \_\_\_\_\_

**Blood Pressure Screenings:**  
Number of BP checks done \_\_\_\_\_ Number of referrals for abnormal BP \_\_\_\_\_ Other reasons \_\_\_\_\_

**Number of: Bulletin board displays** \_\_\_\_ **Newsletter/bulletin articles** \_\_\_\_ **Presentations** \_\_\_\_

**Number of sessions you lead:** Living Well with Chronic Conditions \_\_\_\_ Matter of Balance/Stepping  
On \_\_\_\_\_ Other: \_\_\_\_ Indicate what the other workshop was \_\_\_\_\_

**Number of visits:** Indicate NP if non parishioner

At church (don't count BP contacts) \_\_\_\_\_

Home \_\_\_\_\_

Nursing home/Assisted living \_\_\_\_\_

Hospital \_\_\_\_\_

Telephone contacts \_\_\_\_\_

Care transitions coach contacts \_\_\_\_\_

Number of referrals made to:

Pastor \_\_\_\_\_

MD/other health professional \_\_\_\_\_

Community agency \_\_\_\_\_ Other \_\_\_\_\_

Interventions (indicate number of times)

Health teaching/counseling \_\_\_\_\_

Crisis Intervention \_\_\_\_\_

Bereavement \_\_\_\_\_

Rites/Rituals \_\_\_\_\_

Support \_\_\_\_\_

Community liaison/Referral \_\_\_\_\_

Correspondence \_\_\_\_\_

Assessment \_\_\_\_\_

**Other PN activities (indicate number of times you participate in activity during month(s)):**

\_\_\_\_ Facilitate/participate in groups (circle): Circle of Grace, Journey Toward Wholeness, Celebrate  
Recovery, cancer support group. Other \_\_\_\_\_

\_\_\_\_ Misc. (circle): Deliver quilts, transport parishioners, blood drive, health fair, food shelf garden

Other \_\_\_\_\_

**Outcomes and improvements resulting from visits and other PN activities (indicate # of times):**

\_\_\_\_ Enhanced quality of life

\_\_\_\_ Enhanced independent living (includes medical device obtained)

\_\_\_\_ Disease risk reduction

\_\_\_\_ Injury prevention

\_\_\_\_ Hospital/ER avoidance

\_\_\_\_ Appropriate referral to hospital/ER referral

Specific comments to clarify outcomes/parishioners remarks

Mail form to:

Northern Waters Parish Nurse Ministry, 3500 Tower Ave, Superior, WI, 54880

Director/MonthlyReports