



Carolinas Medical Center
NorthEast

Monthly Activity Report

Name _____ Congregation _____ for Month/Year of: _____

I. Outreach Events (i.e. blood drives, flu clinics, health fairs)

<u>Title/Event:</u>	Total # of Attendees	# Volunteers assisting
1.		
2.		
3.		

II. Exercise Classes and/related events (i.e. yoga, walking programs, etc)

<u>Title/Event:</u>	Total # Classes	Total # of Attendees	# Volunteers assisting
1.			
2.			
3.			

III. Education Sessions/Events (could include Advance Directives, Healthy Lifestyles, Teen Health, Pre-Diabetes, CPR, any focused education class)

<u>Title/Event:</u>	Total # Classes	Total # of Attendees	# Volunteers assisting
1.			
2.			
3.			

IV. Ministry: Individual Interactions

Type	Total # of Contacts	# Volunteers Assisting
1. Visit- Church Campus/Office		
2. Visit- Nursing Home		
3. Visit- Hospital		
4. Visit-Home		
# Home Safety Checks completed		
5. Cards sent		
6. Phone Calls to Client		
7. Transportation provided:		
8. Family/Funeral Meals Delivered		
9. Assisted with Medical Paperwork		
10. Other:		
11. Other:		
12. Mobile Meals/ Meals on Wheels/ Angel Food Meals		

V. Medication Review:

Total # People Interviewed	# of Interventions Made due to:						# Volunteers Assisting
	Assisted client in compiling new medication list	Assisted client in updating medication list	Educated client about medication purpose	Educated client about correct administration	Addressed a duplicate medication error with MD or Pharmacist	Educated client about proper disposal for expired medication	

VI. Health Screenings (conducted in YOUR church)

Type	# People Screened	# Abnormal Results (if known)	# Receiving Individual Health Counseling	# Referred to MD	# Volunteers Assisting
Mammogram					
Blood Pressure (Optimal= 120/80mg/dl)					
Cholesterol					
Glucose (Abnormal Fasting = ≥ 100 OR 1-2 hrs post mealtime ≥ 140)					
Osteoporosis					
Other:					

VII. Support Groups Coordinated: Grief, Divorce, Disease Related, Depression, 12 Step, other.

Type	# Meetings	Total # Attendees	# Volunteers Assisting
1.			
2.			

VIII. Number of Referrals by Nurse/ Health Ministry to:

	Clergy		Community/Health Agencies		Home Care
	Therapist/Counselor		Church Ministries		Pharmacy
	Total Physician NEW PCP _____ CHS Clinic _____ Logan/McGill Clinic _____ Community Free Clinic _____ Other: _____ URGENT referral to MD _____		Ask First for Information/ Services		Parish Nurse F/U
	Hospital/ Emergency Care		Ask First for NEW MD referral		Other:
	Support Group		Hospice		Other:

IX. Leadership Activities in Health Ministry Role/ Continuing Education: Congregational meetings, community meetings, health cabinet meetings, networking with other agencies, Parish Nurse Meetings

Title/ Activity	Participated or Led?
1.	
2.	
3.	
4.	
5.	

X. Total Parish Nurse Hours _____
Total Number of Volunteers Utilized (CHP/Health Cabinet, etc) _____
Total Volunteer (CHP/Health Cabinet, etc) Hours: _____

XI. Other Health Ministry Activities:

Future Plans:

Anecdotal Stories:

Thank You!

Suggestions/Ideas!
