

Rx HOSPITAL VISIT & FOLLOW-UP

Church representative makes initial hospital visit, fills out this form, then gives to congregational care coordinator for further follow-up.

NAME of senior _____

Church rep. who visited _____

DATE visited _____ Hospital _____

NOTES _____

Will be going to ___ rehab _____

___ LTC _____

___ Home _____

___ Other _____

Congregational Care Coordinator _____

Person to visit _____ Phone _____

Date contacted _____ Follow-up _____

Dates senior was contacted _____

NOTES _____

Other needs noticed, heard, or observed _____

Additional visit dates _____

**Ask for Scripture posters for rehab and encouragement, Blessing Gifts, Adopt-a-Senior-friend brochure, and other visiting helps.*

Compliments of Koinonia Senior Care • www.kscare.org • 316-209-9028 • Enriching the lives of homebound seniors and their caregivers and encouraging our community to join us!

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