

Palm West Community Church

Pastoral Assistance Team Visitation Record

Care Receiver's Name

Your Name

Date of Visit

MM/DD/YY

Type of visit:

☐ Home or Care Center

☐ Hospital or Rehab

☐ While at church

☐ Phone Call

Condition of Person Visited:

☐ Improving

☐ Stable

☐ Declining

Suggested Follow-Up

☐ Pastoral visit

☐ Contact with Family needed

☐ Angel Benevolence Assistance needed

☐ Communion

☐ Grief Share recommended

☐ 4-10 Home Help Minor Repairs

Short description of your visit