

Stephen Ministry  
Visit Report Form – (printable)

*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
- ☐ GriefShare recommended
- ☐ 4:10 Home Help Minor Repairs

*Brief Description of your visit:*