

PARISH NURSE/HEALTH MINISTRIES REPORT

*“God is not unjust; he will not forget your work and the love you have shown him as you have helped his people and continue to help them.”
Hebrews 6:10*

Date: _____

Parish Nurse/Health Minister Name: _____

E-Mail: _____

Church: _____

Address of Church: _____

Contact phone #: _____



Ministry Hours-Total for the month: _____

ACTIVITIES	TOPIC	# ATTENDED/#HANDOUTS
Bulletin Boards		
Newsletters		
Handouts/Inserts		
Class/Workshop		
Health Fair/Health Day		
Blood Pressures		
Glucose Screenings		
Cholesterol/Lipids Screenings		
Referrals		
Other		

*e.g. Activities-Fitness, Heart Related, Diabetes, Obesity/Weight Programs, Smoking Cessation, Children

STORIES (Please share a short success story-do not use names)

How can we help you?

Program flyers (name topic)

Speaker Referrals (name topic)

Programs on the go ideas

Quarterly Meeting Program Ideas



“And thou shalt file a report each Month!!”

*“With God all things are possible”
Matthew 19:26*