

## Stephen Ministry/Pastoral Assistance Team Visitation Record

Person Visited:

Date:

Your Name:

PAT

SM

Where Visited?

Home

Hospital/Care facility

By phone

Other \_\_\_\_\_

How were you received?

Positive

Uncertain

Negative

Condition of Person?

Good

Physical pain

Lonely, isolated

Improving

Deteriorating

Able to worship

Follow-up:

Pastor Visit

Contact family

Angel Benevolence

GriefShare

Other \_\_\_\_\_

Respond to any or all of these questions briefly:

What is their primary need, challenge or problem right now?

What is going well or not going well with/for them?

How has this person responded to your ministry to him/her?

What has been challenging, frustrating, or problematic for you in this relationship?

Is there anything our Pastors should know about your contact?

**Instructions for use:** print this Report Form, fill it out and deliver it to the church office for Dr. Dave. Thank you for serving the Lord through care and compassion of His precious people.