

Chaplain Progress Note For Remote Visit Using Telecommunication Technology

Start Time: _____ : _____ End Time _____ : _____

On site visit Phone contact

Patient Name: _____

ID#: _____

Person Contacted _____

Type of Activity: Active Care Funeral Bereavement Care Visit Phone contact

Current Findings/Assessment Related to Plan:

Update to comprehensive health assessment

Interventions:

Prayer Spiritual Counseling Performance of Rites Clergy contact Scripture/Devotional Readings

Other: _____

Plan for Next Visit:

Technology (application/device) used: _____

Who is onsite with the patient during the visit _____ (names)

Assistance provided Yes No Describe _____

Chaplain Signature _____

Date _____