

Date of Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

## Contact Report Form

Name of Person(s) Contacted: \_\_\_\_\_

Type of Contact: *(Circle One)*

Home Visit / Hospital Visit / Rehab Visit / Phone Call / Card

Communed Yes / No *(Circle One)*

Comments Related to Visit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Care Needed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_

This information may also be communicated via email to: [office@ctklc.org](mailto:office@ctklc.org)

For office use only: Elder # \_\_\_\_\_ Elder Name \_\_\_\_\_

Pastor Mike \_\_\_\_\_ Pastor Nate \_\_\_\_\_

Date entered into Shepherd Staff \_\_\_\_\_

Date of Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

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