

# Parish Nurse Client Assessment

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H(\_\_\_\_) \_\_\_\_-\_\_\_\_ Facility: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Referred by (self, Pastor, family, facility): \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Clinic/Hospital/Nursing Home: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Significant Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Support Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## **Physical Health Assessment:**

### **Significant Health History:**

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### **Significant Social History:**

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**Activity Level:**

Ambulates Independently       Ambulates with Assistive Device  
 Wheelchair Bound             Bed Bound

**Special Needs:**

Visually Impaired             Hearing Impaired

**Diet:**

Regular                     Heart Healthy             Diabetic             Renal  
 Dysphagia             Puree

**Priority Health Concerns:**

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**Medications:**

Name	Indication	Frequency

**Allergies:** \_\_\_\_\_

Does your physician or other health professional know you well?

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Do you feel people are available to help you when you need them?

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Are you involved in the care of another person or persons?

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Do you have a Health Care Power of Attorney? If so, who is it?

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**Spiritual Health Assessment**

Are you dealing with a crisis or health problem right now? Can you tell me about it?

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What bothers you most about this problem?

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Do you feel angry, hurt, guilty, lonely, or scared? If so, how do you handle it?

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What do you think is going to happen to you? Is there anything especially frightening or reassuring about this?

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Who or what is your source of strength right now?

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How have your feelings about God, your faith or your faith practices changed as a result of being sick, having problems or facing stress?

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What kind of spiritual support has been helpful to you in the past?

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How often does the pastor visit you and/or give you communion?

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How often do you wish the Pastor would come and/or give you communion?

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If you had a way to go to church to worship on Sunday, would you?

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How could the Parish Nurse, Pastor, or Church serve you better?

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