

Pastoral Care Record and Notes

Care Receiver's Name(s) _____

Congregational Care Giver's Name _____

Referred for care by _____

Date _____ Mode: ___ Discussion by Phone ___ Discussion in Person

Persons present _____

Personal history _____

Concerns _____

Biblical passages/other care offered _____

Danger signs (suicide attempts, abuse, etc.) _____

Referral(s) made to _____

___ Pastor was notified (date) _____ by (method) _____

Concluded with ___ a follow up set for (date _____) | ___ recipient will reach out later, if needed.

(ADDITIONAL NOTES - AS NECESSARY - ON THE BACK)