

Caregiving Record Card

Person Contacted/Visited:

Date:

Address:

Phone:

Caregiver's Name (VCT Member):

Location of Contact:

Hospital/Rehab:

Home/Retirement Home

Phone Only

Other:

Rites and Sacraments:

Communion

Baptism

Healing Rite

Anointing

Time of Dying Rite

House/Room Blessing

Visit to New Visitor

Care Visit (no rites or sacraments)

What I Found:

Follow-Up Suggestions:

Closure of Caregiving Case

This section is *only* used after the *final visit* for the VCT to indicate the end of ongoing care.
Please note: when someone has been hospitalized, the final visit (or offer to visit) should be made when the person is home.

Date of Final Visit:

Check one:

Recovered

Hand-Off to Other VCT:

New Baseline

Recommend to Home Communion List Yes No

Other

Deceased

Declined Further Care

Please return this form promptly to the VCT Coordinator (CareTeam@sprucc.org) and cc the Office Secretary (office@sprucc.org).

*This form can also be given to the Pastor (PastorMotz@sprucc.org) and/or VCT Coordinator.
Please promptly report any concerns and/or needs to the Pastor and/or VCT Coordinator directly.*

In the event of an emergency, endangerment, or threat, please immediately report to the patient's nursing station, call 911, or follow the procedure for reporting to Children and Youth Services.