**HEALTH MINISTRY - MONTHLY PROGRAM REPORT**

Month:

**Name: Phone:**

**Faith Community: E-mail:**

**Total number served: \_\_\_\_\_**

 Number of: \_\_\_\_ Men \_\_\_\_ Women

Number of: \_\_\_\_ Congregation Members \_\_\_\_ Individuals outside your congregation

**Number served in the following age categories:**

\_\_\_Children (0-10) \_\_\_Youth/Teens (11-17) \_\_\_Young Adults (18-29) \_\_\_ Adults (30-55) \_\_\_ Seniors (56 & over)

**# Referrals to:** \_\_\_Faith Community Staff \_\_\_Health Care Provider \_\_\_Community Resources

\_\_\_Faith Community Resources \_\_\_Government/Social Services

**# Referrals from:**  \_\_\_Faith Community Staff \_\_\_FC Member \_\_\_Health Care Provider \_\_\_Health Facility

**Share a story or narrative about how you or your health ministry has impacted your faith community:**

**What did you do for self care this month? (i.e. exercise, meditation, eating healthy, etc)**

**What additional training or support do you or your congregation need? (Be specific on the topic and need)**

**Presenting Concerns in Individual Contacts:**

Use the # column to indicate the number of times you helped someone with each of these topics this month:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Psychosocial/****Spiritual** | # | **Health-related Behaviors** | # | **Physiological** | # | **Environmental** | # | **Mental/Emotional** | # |
| **Spiritual** |  | **Diet/nutrition** |  | **Cancer** |  | **Finances** |  | **Anxiety** |  |
| **Grief/loss** |  | **Weight loss/gain** |  | **Diabetes** |  | **Housing** |  | **Self harm** |  |
| **Transitions/aging** |  | **Medications** |  | **Heart** |  | **Safety** |  | **Loneliness** |  |
| **Hospitalization** |  | **Substance abuse** |  | **Arthritis** |  |  |  | **Mental illness** |  |
| **Parenting** |  | **Exercise** |  | **Respiratory** |  |  |  |  |  |
| **Relationships** |  | **Gen. health** |  | **Pain** |  |  |  |  |  |

**Individual Contacts:**

Give a brief description of your interactions with individuals this month:

|  |  |
| --- | --- |
| **Description of individual** | **Comments/Results** |
| *Example: Female, mid-20s, caretaker for mother* | *I counseled her and gave her Alzheimer’s resources for her mom; prayed with her and encouraged her to do things for self care* |
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|  |  |

**Group Contacts:**

List any group activity type (workshops, trainings, support groups, screenings, etc.) you planned or assisted with this month:

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Type** | **# Participants** | **Age Range** | **Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Community Outreach:** \_\_\_ Meetings (community, network, etc.) \_\_\_ Bulletin/Newsletter \_\_\_ Bulletin Board
 \_\_\_ Pamphlet Display \_\_\_ Social Media (facebook, twitter, etc.)

 \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upcoming Events:**

Please share any upcoming events organized by you or others that relate to health ministry:

|  |  |
| --- | --- |
| **HM EVENTS** | **Event Details** |
| **Name of Event** |  |
| **Brief Description** |  |
| **Dates/Times of Event** |  |
| **Place of Event** |  |
| **Target Audience** |  |
| **Sponsoring Organizations of Event/Activity** |  |
| **Event Contact Person's e-mail and phone** |  |

|  |  |
| --- | --- |
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**Submit by the 1st of each month via email to** **vista@wesleyseminary.edu** **or fax to 202.706.6837**