

NURSING HOMES

Nursing Home Appointment Slip

Date of appointment: _____ Time of appointment: _____

Name of facility: _____

Name & title of person appointment booked with: _____

Address of facility: _____

City: _____ State: _____ Zip: _____

Address confirmed? Yes No

Phone: () _____

Alternative phone: () _____

Are we allowed to pray with each resident? Yes No

Comments: _____

Person who booked appointment: _____ Date: _____

Appointment confirmed? Yes No

Name of person it was confirmed with: _____ Date: _____

Notes/Special Instructions: _____

Team Sent: _____ Team Leader: _____

Potential: _____ Decisions for Christ: _____

Comments: _____

Follow Up Visit Scheduled? Yes No Date: _____ Time: _____