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<th>DATE</th>
<th>NAME OR INITIALS</th>
<th>Monthly Totals</th>
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**CHURCH:** ________________________________   **MONTH:** ________________________________

1. New Client
2. Previously Seen Client
3. Male
4. Female
5. Parishioner
6. Non-Parishioner
7. Location
   - 1-0
   - 13-17
   - 18-30
   - 31-50
   - 51-65
   - 66-80
   - Over 80

**Ethnic Heritage**
1. Caucasian
2. African American/Black
3. Hispanic
4. Oriental/Asian
5. Native American
6. Middle Eastern
7. Far Eastern
8. Multi-Cultural
9. Unknown
10. Other

**Diagnoses**
1. Cardiac/Vascular
2. Respiratory
3. Renal/Urinary
4. GI/Hepatic/Biliary
5. Endo/Metabolic/Imm.
6. Neuro/Sensory
7. Muscular/Skeletal
8. Reproductive
10. Psychological
11. Spiritual &/or Religious
12. Health Promotion
13. Nutrition
14. Elimination
15. Activity/Rest
16. Perception/Cognition
17. Self Perception
18. Role Relationships
19. Sexuality
20. Coping/Stress
21. Life Principles
22. Safety/Protection
23. Comfort
24. Growth/Development

**Intervention**
1. Physiological: Basic
2. Physiological: Complex
3. Behavior/Cognitive
4. Communication Enhancement
5. Coping/Spiritual/Rel.
6. Client Education
7. Psychological Comfort Promotion
8. Safety
9. Family
10. Health System

**Source of Referral**
1. Ref. To Health System
2. Referral From
3. Total Time Spent

**Comments**

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