

Health Ministries

Please fill out and return to the office:

Services that could be provided by Health Ministry Team

- _____ Individual Counseling ? (medications, concerns, etc.)
- _____ Transportation to the doctor, clinic or hospital?
- _____ Transportation for essential services?
- _____ Transportation to Church Service?
- _____ Visited after discharge from the hospital?
- _____ Visited because they are sick and recuperating or homebound?
- _____ Visited after the birth of a child?
- _____ Assistance filling out complex medical/insurance forms?
- _____ Support during crisis situation-facing sudden illness, grieving, or after childbirth?
- _____ Assistance with meals for a time during illness, grieving, or after childbirth?
- _____ Telephone contact with a caring person regularly or on occasion?
- _____ Short-term or emergency childcare or eldercare?
- _____ Bereavement support?
- _____ Answers to common medical questions such as
 - Should I go to the doctor...?
 - What did the doctor mean when I was told...?
 - What is this medication really for...?
 - Do I really need this medication...?
- _____ Screenings: Blood Pressure, Diabetes, Cholesterol, Blood Sugar, etc.
- _____ Health Promotion Education: CPR, Health Fairs, Nutrition Programs Exercise Weight Control, Caregiver Support, Stress Management, Smoking Cessation, etc.
- _____ Spiritual Growth/Emotional: Death and Dying, Forgiveness, Healing through Prayer, Coping with Long Term Illness, Improving Self Esteem, Dealing with Anger.
- _____ Support Groups: _____
- _____ Child/Adolescent Issues _____
- _____ Adult Issues _____
- _____ Women's Health _____
- _____ Men's Health _____
- _____ Financial/Legal _____
- _____ Living Wills/Advance Directives _____
- _____ Medicare/Medicaid _____
- _____ Health Insurance _____
- _____ Long-term Care Insurance _____
- _____ Short-term financial assistance for housing, food, other necessities?

Name _____

Address _____

Phone/ E-mail _____

If you are a nurse and would like to join the health ministry committee, please enter your name and nursing license number. _____

If you are interested in joining the health ministry committee, please enter your name.

_____ Thank you for your support in this ministry.

Cindy Shirey, RN, Parish Administrator