

**BAPTIST COMMUNITY MINISTRIES-CONGREGATIONAL WELLNESS DIVISION
WELLNESS MINISTRY REPORT**

(If more space is needed to record activities, please use additional forms)

1. Church		2. Wellness Ministry Leader /Cabinet Member (circle one) Church Nurse Lay Health Advocate		
3. Month (select from the drop-down menu)				
4. Date	5. Name & brief description of class or activity	6. Is this a new activity?	7. Number of persons attending	
8. Total number of activities conducted this month	9. Total number of hours devoted to activities/private consults	10. Referrals made at each activity/private consult	11. Total number persons attending activities (total from number 7 above)	
12. LSU Referrals	(a) #’s of Referrals	(b) #’s of Appointment Follow ups	(c) Appointment(s) after reporting period	(d) Surveys completed
Primary Care Clinic	_____	_____	_____	_____
OB/GYN clinic	_____	_____	_____	_____
Tobacco Cessation	_____	_____	_____	_____
13. Number of referrals to the following clinics.				
Tulane_____ St. Thomas__ EXCELth_____ City of New Orleans Community Clinics_____				
14. Comments: <i>(Use this space to explain extraordinary contacts or interventions; provide information about meetings, planning activities, new partnerships other than Congregational Wellness, or any other stories that would describe and capture the amount of time and energy that the health ministry volunteers give to the wellness ministry)</i>				

15. REPORTS ARE DUE ON THE 20TH OF EACH MONTH (Fax to 504-900-1983. See instructions for other options.)