



# Chaplain's Hours Record

Month \_\_\_\_\_ Patient \_\_\_\_\_

Chaplain Services Provided: *Choose service from list and write in "Comments" section*

- Prayed with pt.
- Reviewed life events
- Read from Bible or \_\_\_\_\_
- Discussed closure with pt./family
- Counseled about family concerns
- Counseled concerning spiritual issues
- Communion with pt.
- Other \_\_\_\_\_

Date	Comments	Mileage	Total Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Chaplain's signature \_\_\_\_\_