NACC Conference Workshop
Continuing the Journey with Pastoral Services in Clinic Locations

HANDOUT: FY2014 Clinic Referrals Tracking Questions

Q1 Chaplain Name (with drop down list)

Q2 Date of referral: (MM/DD/YYYY)

Q3 Clinic name (optional):

Q4 Specialty of clinic:
- Behavioral Health
- Cancer/Oncology
- Cardiology
- Neurosurgery
- OB/GYN
- Ortho Clinic
- Pediatric Clinic
- Primary Care
- Surgery Clinic
- Urgent Care
- Other specialty (please specify): ____________________

Q5 Who was referred for pastoral services consult?
- Co-worker
- Family
- Patient

Q6 Who referred?
- Patient self referral
- Physician
- Nurse
- PA or NP
- Other clinic staff
- Family
- Chaplain
- Other ____________________
Q7 How did chaplain connect with the patient/family/co-worker referred?

☐ By phone
☐ In person, need arose during rounding
☐ In person by appointment or planned by clinic staff
☐ By e-mail
☐ By video conference
☐ Other: Please explain ____________________

Q8 Number of persons served:

Q9 Reason for referral- PRIMARY ISSUE (select all that apply)

☐ A new diagnosis
☐ Abuse
☐ Advance directive
☐ Coping
☐ Difficult family relationships
☐ Fear/anxiety
☐ Forgiveness issues
☐ Grief/loss
☐ Guilt/shame
☐ Hospitalization
☐ Isolation/loneliness
☐ Loss of faith/doubt
☐ Loss of meaning/purpose
☐ Prayer/meditation
☐ Spiritual direction
☐ Stress management
☐ Other (please specify): ____________________

Q10 Intervention (select all that apply)

☐ Addressed spiritual needs
☐ Advance directive education
☐ Anxiety reduction
☐ Bereavement support
☐ Comfort, support and affirmation
☐ Completed advanced directive
☐ End of life discussion
☐ Guided imagery
☐ Prayed
☐ Provided emotional support
☐ Provided resources
☐ Reaffirmed hope
☐ Reflective listening
☐ Requires follow-up
☐ Other (please specify): ____________________
Q11 Did you chart visit with patient in EPIC chart?

- Yes
- No, responded to a co-worker not patient
- No, responded to a family member not patient
- No (please explain below) ____________________

Q12 Did you follow-up with referral source?

- Yes
- No, patient self-referred so not needed
- No (if no, please explain): ____________________

Q13 How many minutes did you spend with patient/family/coworker who was referred? Include time charting in EPIC and following up with referral source, if these apply. DO NOT include travel time to person referred.

______ Minutes, including patient care, charting and follow-up with referral source