



# VISITATION NOTES



AGAPE CARE TEAM (“ACT”)

ACT Visitor: \_\_\_\_\_

ACT Captain: \_\_\_\_\_

*Instructions for ACT Visitor: (1) Complete this form for each visit or other contact.  
(2) Email this completed form to ACT Captain promptly after contact.*

**Person Visited/Contacted:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**After first visit only, provide name and phone number of family member(s) and/or friend of person visited or contacted (your “ACT Friend”):**

**Concerns/Joys Expressed by your ACT Friend:**

**Concerns/Observations noted by ACT Visitor:**

**Follow-Up Needed? (if a need is expressed by your ACT Friend, indicate below)**

Communion

Health Check

Planning WTR

Pastor Visit

Other (Explain)

***Confidential***