



**Victory Life Church
Hospital Visitation Report Form**

Patient's Name: _____

Spouse's Name: _____

Home Phone: _____ **Member of Victory Life? Yes** _____ **No** _____

Name of Hospital: _____

Hospital Room Number: _____ **Male** _____ **Female** _____

Reason for Hospitalization: _____

Information Received on (date & time): _____

Type of visit: **Outpatient surgery** _____ **Emergency Room** _____ **Other** _____
 Inpatient surgery _____ **Recovery Visit** _____ **Home** _____

Please use the space below to record pertinent information regarding the patient and your visit:

Flowers: Yes _____ **No** _____

Patient's expected date of discharge: ____/____/____

Definite: _____ **Tentative:** _____ **Unknown:** _____

Hospital Visitation Team Member

Hospital Visitation Team Captain

Date of Visit **Time of Visit**

Date