

Church / Ministry Name: _____

Address: _____

Phone: _____ Email: _____

PASTORAL CARE REFERRAL FORM

Use this form when a person needs a resource, professional support, or community support outside what the church can provide.

1. Referral Information

Enter the name of the person receiving the referral, the person making the referral, that person's ministry role, and the relevant contact/follow-up information.

Person Receiving the Referral		Date of Referral	
Referral Made By		Role / Ministry	
Preferred Contact Method		Follow-Up Date (if applicable)	

2. Reason for Referral

Select all Care Pathways that apply. Briefly describe the need or concern that led to the referral and why the church is connecting the person to an outside resource.

☐ Emotional Care	☐ Social Care	☐ Spiritual Care
☐ Relational Care	☐ Practical Care	☐ Multiple Pathways

3. Referral Resource / Provider

Enter the name and contact information for the professional, organization, agency, or other resource to which the person is being referred.

Provider / Organization Name	
Type of Service / Resource	
Phone	Email / Website
Additional Contact Information	
Address / Location	

4. Referral Decision & Connection

Select all that apply and document how the referral was made and how the person was connected to the identified resource.

☐ Resource information provided	☐ Person assisted with contacting resource
☐ Warm handoff completed	☐ Person chose to contact resource independently
☐ Other: _____	

5. Why This Resource Was Selected

Briefly document why this resource or provider was identified as appropriate for the person's need, including how it relates to the need identified by the church.

6. Pastoral Care After Referral

Select all that apply. Document the appropriate next step for continued pastoral support, follow-up, or collaboration after the referral.

☐ Continue appropriate pastoral support
☐ Follow up with person
☐ Collaboration with an outside provider/resource may be appropriate
☐ No further pastoral follow-up planned
☐ Other: _____

7. Follow-Through / Outcome

Document what happened after the referral and any next step for the person or pastoral-care team.

Follow-up Date		Completed By	
Outcome / Next Step			

REFERRAL COMPLETION & SIGNATURE

Referral Completed By: _____	Date: _____
Signature: _____	Reviewed By (if required): _____
Reviewer Signature (if required): _____	Date: _____