

# Referral Form

**TO BE COMPLETED BY  
REQUESTING CARE RECEIVER**



HIGHLY CONFIDENTIAL

## Care Receiver

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Approximate age      Gender      Marital status

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Primary phone     cell     home     other

\_\_\_\_\_  
Secondary phone     cell     home     other

\_\_\_\_\_  
Best time to contact

\_\_\_\_\_  
Church affiliation

Currently active?     Yes     No     Uncertain

## Reasons for Need for Stephen Ministry:

## Other Persons Caring for the Care Receiver (e.g., family or professional caregivers)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to care receiver

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to care receiver

## Person to Contact in Case of Emergency

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to care receiver

\_\_\_\_\_  
Primary phone

\_\_\_\_\_  
Secondary phone

Check here when the care receiver 1) **has been prepared** for Stephen Ministry and 2) **has consented** to the care of a Stephen Minister. Both preparation and consent are necessary before the first caring visit can be made.

\_\_\_\_\_  
Form completed by

\_\_\_\_\_  
Stephen Minister assigned



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