

Case# \_\_\_\_\_

**HOUSTON VISITING CHRISTIAN SCIENCE NURSE SERVICE, INC.**  
**Consent Form for Christian Science Nursing Care**

Today's Date: \_\_\_\_\_

Mr./Mrs./Miss \_\_\_\_\_  
                                First                                Middle                                Last

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Power of Attorney for Health Care and/or closest relative designated to make decisions for you, if necessary.

Please list that person's name, address, and telephone number(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to You: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list your Christian Science Practitioner\*\*:

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Home/Office): \_\_\_\_\_

Are you a member of The Mother Church? \_\_\_\_\_ Branch Church affiliation? \_\_\_\_\_

Are you relying solely on Christian Science for healing? Circle either (Yes) or (No)

**Your signature affirms that you are relying solely on Christian Science for healing and wish to have Christian Science nursing care from a Christian Science nurse.**

Signature of applicant or designated health representative: \_\_\_\_\_

PRINT Name: \_\_\_\_\_

\*\* An applicant relying upon Christian Science for healing must be working with a *Journal*-listed Christian Science practitioner.

The Houston Visiting Christian Science Nurse Service, Inc. employs a full-time, *Journal*-listed Christian Science nurse to respond to all calls for assistance from area Christian Scientists. Calls for service are invoiced at \$50 per hour, plus travel expenses and any other expenses incurred, such as nursing care supplies, or groceries, etc. Invoices are normally due at time of service.

A National Fund for Christian Science Nursing (NFCSN.org) is available to financially support all Christian Scientists in need who are relying solely upon Christian Science for healing. Invoices received from the Christian Science nurse for care provided may be reimbursed via NFCSN.org. The Christian Science nurse will assist those wishing to apply to this special fund for Christian Scientists.

All interactions with a Christian Science nurse are confidential. A typical visit from a Christian Science nurse is one to three hours. Emergency situations are assessed by the Christian Science nurse and discussed with you and/or your power of attorney or closest relative. The options are directed by the needs of each specific case.

Houston Visiting Christian Science Nurse Service, Inc. is a 501 (c) (3) nonprofit Organization. It is entirely supported by loving individuals and area Christian Science churches. Christian Science nursing fees for service do not, nor are they meant to, cover all the expenses requisite in providing Christian Science nursing care to Houstonians.

Additional information may be found on our website: [Houstonvcsns.org](http://Houstonvcsns.org),

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