



Santa Visit Report

Santa's Name: _____

Santa's Address: _____

City and State of Visit: _____

Visit Date: ____/____/____ Visit Time: _____ Visit Duration: _____

Day Trip Overnight

Patient Information (for individual visits only)

Age (in months for children under 2 years of age)	_____ (<input type="checkbox"/> Months <input type="checkbox"/> Years) Old
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Situation (check all that apply)	<input type="checkbox"/> In Hospice Care? <input type="checkbox"/> Parent or Grandparent in Hospice Care? <input type="checkbox"/> Chronic Pediatric Illness <input type="checkbox"/> Post Traumatic Stress <input type="checkbox"/> U.S. Military Dependent

Group Visit Information

Who Sponsored/Arranged the Visit?	
Were gifts provided by the sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were donations sought by the sponsor at this session?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who Referred Santa?	Name: _____ Title: _____ Institution: _____ Telephone: _____ E-Mail: _____
Location of Visit (check one)	<input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> School <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other: _____

Did anyone Accompany Santa? (check all that apply)	<input type="checkbox"/> Mrs. Claus <input type="checkbox"/> Other _____ <input type="checkbox"/> Elves (#: _____; M/F: _____)
Who Was Present During the Visit? (check all that apply)	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Grief Counselor <input type="checkbox"/> Guard/Security <input type="checkbox"/> Clergy <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Siblings: (#: _____; M/F: _____) <input type="checkbox"/> Friends (#: _____; M/F: _____) <input type="checkbox"/> Other Relatives: _____ <input type="checkbox"/> Other Attendees: _____ _____
Special Needs that Santa Addressed.	_____ _____ _____ _____ _____
Is This a Return Visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death of Child or Parent If Applicable	(MM / DD / YYYY): _____
Is Hospice Still Actively Involved in Bereavement? (Explain)	_____ _____ _____ _____
Visit	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Forth <input type="checkbox"/> Other: _____
Date of Santa's Initial Visit	(MM / DD / YYYY): _____

Please complete and return to: Santa-America, Inc.
 308 Belrose Avenue, Suite 200 East
 Daphne, AL 36526

Your report is important! Please be as accurate and complete as possible.

This report is both the basis for approval of your per-diem expenses, reimbursements and, along with thousands of other reports, will form a database of great value to medical and hospice researchers.