

| <b>CRITICAL INFORMATION TO GIVE A PRIEST FOR A SICK CALL</b> <i>(Fill out what you can.)</i> |  |                                                                                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name _____                                                                                   |  | Date _____ Time _____                                                                                                                                                                                                                                                                           |  |
| Location _____ Rm# _____                                                                     |  | Building _____ Best visit time _____                                                                                                                                                                                                                                                            |  |
| Condition _____ Age _____                                                                    |  | Widow(er) <input type="checkbox"/> Urgency <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> Maximum<br/> <input type="checkbox"/> Within the day<br/> <input type="checkbox"/> Day or Two<br/> <input type="checkbox"/> Week         </div> |  |
| Caregiver/relative _____                                                                     |  | Nurse _____ Most Recent Anointing _____                                                                                                                                                                                                                                                         |  |
| Conscious <input type="checkbox"/>                                                           |  | Able to speak <input type="checkbox"/> Able to swallow even tiny particle <input type="checkbox"/>                                                                                                                                                                                              |  |
| Catholic <input type="checkbox"/> Parish _____                                               |  | When did they arrive at this facility? _____ Hospice care? _____                                                                                                                                                                                                                                |  |
| How long do they expect to be there? _____                                                   |  | <b>PLEASE TAKE A PHOTO AND<br/>SEND FORM TO:</b>                                                                                                                                                                                                                                                |  |
| Is the family gathering there now? _____                                                     |  |                                                                                                                                                                                                                                                                                                 |  |
| Contagious condition? _____                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |
| Other notes: _____                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |
| Please alert nursing staff of a priest being invited to visit.                               |  |                                                                                                                                                                                                                                                                                                 |  |

| <b>CRITICAL INFORMATION TO GIVE A PRIEST FOR A SICK CALL</b> <i>(Fill out what you can.)</i> |                                        |                                                             |                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name _____                                                                                   | ①                                      | Date _____                                                  | Time _____                                                                                                                                                                                                                                                   |
| Location _____                                                                               | Rm# _____                              | Building _____                                              | Best visit time _____                                                                                                                                                                                                                                        |
| Condition _____                                                                              | Age _____                              | Widow(er) <input type="checkbox"/>                          | Urgency <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> Maximum<br/> <input type="checkbox"/> Within the day<br/> <input type="checkbox"/> Day or Two<br/> <input type="checkbox"/> Week         </div> |
| Caregiver/relative _____                                                                     | ②                                      |                                                             |                                                                                                                                                                                                                                                              |
| Nurse _____                                                                                  | Most Recent Anointing _____            |                                                             |                                                                                                                                                                                                                                                              |
| Conscious <input type="checkbox"/>                                                           | Able to speak <input type="checkbox"/> | Able to swallow even tiny particle <input type="checkbox"/> |                                                                                                                                                                                                                                                              |
| Catholic <input type="checkbox"/>                                                            | Parish _____                           |                                                             |                                                                                                                                                                                                                                                              |
| When did they arrive at this facility? _____                                                 |                                        | Hospice care? _____                                         |                                                                                                                                                                                                                                                              |
| How long do they expect to be there? _____                                                   |                                        |                                                             |                                                                                                                                                                                                                                                              |
| Is the family gathering there now? _____                                                     |                                        |                                                             |                                                                                                                                                                                                                                                              |
| Contagious condition? _____                                                                  |                                        |                                                             |                                                                                                                                                                                                                                                              |
| Other notes:                                                                                 |                                        |                                                             |                                                                                                                                                                                                                                                              |
| Please alert nursing staff of a priest being invited to visit.                               |                                        |                                                             |                                                                                                                                                                                                                                                              |