

CRITICAL INFORMATION TO GIVE A PRIEST FOR A SICK CALL *(Fill out what you can.)*

Name _____ ① _____	Date _____ Time _____
Location _____ Rm# _____ Building _____	Best visit time _____
Condition _____ Age _____ Widow(er) ☐	Urgency ☐ Maximum ☐ Within the day ☐ Day or Two ☐ Week
Caregiver/relative _____ ① _____	
Nurse _____ Most Recent Anointing _____	
Conscious ☐ Able to speak ☐ Able to swallow even tiny particle ☐	
Catholic ☐ Parish _____ Language Preference _____	
When did they arrive at this facility? _____ Hospice care? _____	
How long do they expect to be there? _____	
Is the family gathering there now? _____	PLEASE TAKE A PHOTO AND SEND FORM TO:
Contagious condition? _____	
Other notes:	
Please alert nursing staff of a priest being invited to visit.	

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