SICK CALLS

Request for a Priest to visit the sick

Sacrament(s) requested:

- ☐ Anointing of the Sick
- ☐ Last Rites
- ☐ Communion
- ☐ Confession

Date:	Time:
Patient's Name:	
HOSPITAL / FACILITY	
Facility Name:	
Address:	
Room #:	
Chaplain's Name:	
Telephone #:	
HOMEBOUND	
Homebound Address:	
Family Contact Name:	
Telephone #:	
PATIENT CONDITION	
Imminent death or actively dying?	◯ Yes ◯ No
Is the patient on:	☐ Ventilator ☐ Intubated
Has the patient been recently Anointed?	◯ Yes ◯ No
Additional pertinent information:	
PRIEST NOTIFICATION	
Name of Priest:	
When message was sent to the Priest: *(Date & Time)*	
Way of communication to the Priest:	☐ Text ☐ Phone call ☐ Left a message ☐ Email ☐ Teams *(Call, text, Teams and email if an emergency)*

(Follow up and confirm with the Priest administering the Sacrament)