

# Diocese of Peterborough

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## Visitors to the Sick and Homebound Parishioner Information

Parish: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parishioner \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Who contacted the parish? \_\_\_\_\_ Phone Number \_\_\_\_\_

Is this person at:    HOME        HOSPITAL        LONG TERM CARE FACILITY (Please Circle)

Address of the Location \_\_\_\_\_

Reason for the Visit \_\_\_\_\_

Best Time of day to Visit \_\_\_\_\_ Language Normally Spoken \_\_\_\_\_

Volunteer to call first \_\_\_\_\_ Parishioner able to answer the phone \_\_\_\_\_

List other family members in the house \_\_\_\_\_

List pets \_\_\_\_\_

Confined to bed \_\_\_\_\_ Responder for the door \_\_\_\_\_

Does the person to be visited have:

Health Problems \_\_\_\_\_

Difficulty Swallowing \_\_\_\_\_

Allergies (food, perfume, animals etc.) \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Vision Problems  
(over)

Emergency Contact Name \_\_\_\_\_

Relationship to Parishioner \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

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Working Hours Telephone Number \_\_\_\_\_

**Additional Comments:**

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Visitation assigned to \_\_\_\_\_

Date of First Visit \_\_\_\_\_

Visits to be made

- Weekly
- Bi weekly
- Monthly
- Other \_\_\_\_\_

Follow Up (by Ministry Leader)

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**Information Collection:**

Personal information on this form is will be used for Screening of Volunteers. This information will be stored permanently in a confidential locked cabinet in the Parish Rectory. Any questions with respect to this information should be directed to the local pastor or the Diocesan Screening Committee 350 Hunter Street West – Box 175, Peterborough, Ontario, K9J 6Y8. Phone: (705) 745-5123 Fax: (705) 745-2555. COPIES: Original – Parish Rectory File