

Diocese of Peterborough

1140, 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 _____

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Contact Phone Number _____

Working Hours Telephone Number _____

Additional Comments:

Visitation assigned to _____

Date of First Visit _____

Visits to be made

- Weekly
- Bi weekly
- Monthly
- Other _____

Follow Up (by Ministry Leader)

Information Collection:

Personal information on this form 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. Original File– Diocesan Pastoral Centre.