

REQUEST FOR ROMAN CATHOLIC CHAPLAINCY SERVICES IN HOSPITAL

Please use block capitals apart from signature

NAME OF PATIENT **DATE OF BIRTH**.....

ADDRESS.....

(Date of birth and address optional -may help to avoid confusion if someone else has a similar name).

NAME OF HOSPITAL / CARE HOME / HOSPICE (delete as appropriate)
.....

WARD **DATE OF ADMISSION**

During my stay in the hospital/ care home /hospice I wish to be visited by the Roman Catholic chaplain or any member of the Roman Catholic chaplaincy team and also to be informed of if and where the chapel is located and of any Roman Catholic Masses or other services that I am able to attend .In case of emergency if the Roman Catholic chaplain cannot be contacted I would like my own parish priest to be contacted

NAME..... **PARISH**.....

.....**TEL No**.....

Signed by the patient (Print name and sign)

.....**Date**

Signed by member of hospital /care home / hospice staff receiving this instruction to be included in my medical records on admission

.....**Date**

If the patient is unable to sign.

During stay in the hospital /care home / hospice I wish my relative to be visited by the Roman Catholic chaplain or any other member of the Roman Catholic chaplaincy team and also to be informed of if and where the chapel is located and of any Roman Catholic Masses or other services that my relative can attend .In case of emergency if the Roman Catholic chaplain cannot be contacted I would like his/her own parish priest to be contacted

NAME**PARISH**.....

.....**TEL No**.....

Signed by a family member (Print name and sign)

.....**Date**

Relationship to Patient

Signed by member of hospital / care home / hospice staff receiving this instruction to be included in my relative's medical records on admission

.....**Date**

If you are going into a hospital ,care home or hospice remember to inform your parish priest of which one you are going into and when you are to be admitted. Ask a relative to inform your priest or the parish secretary if you are unable to do so yourself.If you are likely to be in there for any length of time or feel you need spiritual support before going in your parish priest can offer you the sacrament of the sick prior to admission and is usually able to give you advice on the Roman Catholic chaplaincy services that will be available.

ESSENTIAL THINGS TO TAKE WITH YOU

Your past medication history and any current medication and a list of any special diet requirements or known allergies .Spectacles, hearing aid or your personal wheelchair or walking aid.Toiletries such as soap,toothbrush and toothpaste or denture pot and cleansing tablets, hairbrush or/and comb, towels , slippers, bathrobe ,nightwear and underwear and day clothes.Names, addresses and phone numbers of your relatives and a few magazines or a book .It can be of help to find out what access you will have to a telephone ,television or radio beforehand.If you are in receipt of any benefits remember to check if your entitlement is likely to change -see link below for more information