

APPLICATION RETREAT FOR PEOPLE FACING SERIOUS ILLNESS

Please Fax Completed Form to 703-420-8993
For Questions: Please call 703-335-2779 option 9

Date: _____

Name of Retreatant _____ Date of Birth _____ Age _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone No. and Time to Reach: _____

Referred By: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____

Attended Retreat for Seriously Ill Previously? Yes No

Caregiver (or family/friend) expressed desire to attend the Retreat with you? Yes No

If "Yes", name of Caregiving attending: _____

Where did you hear about the Retreat? _____

Medical History: _____

Allergies: (Medications, Latex, Environmental) _____

Medical Food/Diet: _____

Medical Treatment: (e.g. Medications, med port irrigation, dressing changes) _____

Self-Administers Medications: Yes No



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Physical Care Needs (Check if assistance is needed with activities of daily living, below):

Bathing Dressing Feeding Ambulating Incontinence

Needs: (Please indicate if bringing)

Cane Crutches Scooter Walker Wheelchair Liftbelt Siderail

Oxygen

Pillows Incontinence Care Products

Other: _____

Care Concerns:

Awake at night Pain Management Choking Loss of Balance Easily Fatigues

Risk of Falls Immune-Suppressed Keep Room Door Open

Other: _____

Primary Physician: _____ Specialty: _____ Phone: _____

Advanced Directives/ Living Will: Yes No (*If Yes, please bring to retreat with you*)

- You must provide your own transportation to and from San Damiano Spiritual Life Center and it is a NON-Smoking facility – inside and outside. Arrival time is 1:30 p.m. Friday of the Retreat Weekend.
- Family is welcome to attend closing Mass.
- **Please bring medications in original containers**
- **Bring your own supplements and/or special diet snacks.**

To be completed by Catholic Charities Staff/Volunteers:

Approved by Head Nurse and Assessing Nurse: Yes No

Date: _____

Caregiver Confirmed Yes No

Date: _____

Room #: _____