



THE ARCHDIOCESE OF SAN FRANCISCO

VICAR FOR CLERGY

ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602 • (415) 614-5611 • FAX (415) 614-5613

PRIEST INTAKE ASSESSMENT – CARE MANAGEMENT

NAME: _____

DATE OF ASSESSMENT: _____

ADDRESS: _____

RELEASE SIGNED: YES _____ NO _____

PHONE: _____

DATE OF BIRTH: _____

CELL PHONE: _____

SS#: _____

EMAIL ADDRESS: _____

AGE: _____

ORDINATION DATE: _____

EMERGENCY CONTACTS – NEXT OF KIN

NAME: _____	NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____
RELATIONSHIP: _____	RELATIONSHIP: _____	RELATIONSHIP: _____

MEDICAL CONTACTS

NAME: _____	NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____
SPECIALTY: _____	SPECIALTY: _____	SPECIALTY: _____

PRIMARY DIAGNOSIS: _____ ALLERGIES: _____

SECONDARY DIAGNOSIS: _____

DPOA – HEALTH – ON FILE: YES _____ NO _____

POA – BUSINESS – ON FILE: YES _____ NO _____

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

WILL: YES _____ NO _____ WHERE: _____ NEED UPDATE: YES _____ NO _____

TRUST: YES _____ NO _____ WHERE: _____ NEED UPDATE: YES _____ NO _____

MORTUARY: _____ CHURCH FOR FUNERAL: _____

HAVE PRE-ARRANGEMENTS BEEN MADE: YES _____ NO _____ IS FUNERAL FORM ON FILE: YES _____ NO _____

CELEBRANT: _____ HOMILIST: _____

