

# Data Sheet

Date:  /  /

Operator#:

Code Name: \_\_\_\_\_

Start Time:

Stop Time:

Legal Name: \_\_\_\_\_

Caller Type: \_\_\_ Priest \_\_\_ Deacon \_\_\_ Vowed Brother \_\_\_ Vowed Sister \_\_\_ M \_\_\_ F Extended Caller Support \_\_\_\_\_

Religious Affiliation: \_\_\_ Catholic \_\_\_ Protestant \_\_\_ Jewish \_\_\_ Muslim \_\_\_ Agnostic \_\_\_ Atheist \_\_\_ None

### \*\*\* Caller Information (Optional) \*\*\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age (approximate): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Diocese: \_\_\_\_\_

### \*\*\* Problem Areas \*\*\*

Abuse/Addiction

Finances

Spiritual Life

Elder  Drug

Isolation/Loneliness

Sacraments

Physical  Alcohol

Job/Career

Suicide

Sexual  Gambling

Medical Issues

Attempts

Counseling

Mental Health

Information

Conversation

Prayer

Thoughts

Demonic/Satanic Issues

Questions/Religion

Threat

Depression

Relationships

Religious Vocation

Family

Request Priest

Other

Friend

Sexuality

### \*\*\* Referrals \*\*\*

#### Agency Name/Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### How did you hear about The Upper Room Crisis Hotline?

\_\_\_\_\_

\_\_\_\_\_

#### REQUEST FOR PRIEST

Original Call: Date \_\_\_\_\_ Time \_\_\_\_\_

First name of caller \_\_\_\_\_

Caller's Phone # \_\_\_\_\_

Priest Called: Date \_\_\_\_\_ Time \_\_\_\_\_

Priest's Name \_\_\_\_\_

Priest Return Call: Date \_\_\_\_\_ Time \_\_\_\_\_

*\*Phone counselor should give priest their cell phone number for the return call so that it can be documented before submitting the data sheet.\**

