

HOLLINGS SPIRITUAL CARE

Chaplaincy Services Request Form

DATE OF REQUEST: _____ / _____ / _____

PATIENT NAME: _____

DATE OF BIRTH: _____ / _____ / _____

PHONE NUMBER WHERE YOU PREFER TO BE CONTACTED:

() _____

BEST TIME TO CONTACT: day evening

EMAIL ADDRESS: _____

NOTES OR SPECIAL NEEDS:

**PLEASE RETURN THIS FORM TO THE HOLLINGS REGISTRATION DESK, OR
CONTACT FRED E. THOMPSON, JR., M.DIV., CHAPLAIN, HOLLINGS CANCER
CENTER, AT 843-792-6493 OR THOMPSE@MUSC.EDU.**

FOR INTERNAL USE ONLY

Please return upon receipt to:
Fred E. Thompson, Jr., M.Div., Chaplain, Hollings Cancer Center
Room 346, Hollings Cancer Center
Pager 843-792-2123 / 12255