Hospice Volunteer Visiting & Bereavement Services
Algoma, Espanola & Manitoulin Island

Hospice/Palliative Volunteer Visiting Referral Form

Referred by: _____ Phone/ext.: _ _____

Organization: _____ Date of Referral: _____

CLIENT NAME: _____

Address_____

Home phone: _____ Cell: _____

Date of Birth _____ Sex: □ M □ F □ _____

Living Situation: □ Alone □ Family: _____ □ Other: _____

Primary Caregiver: _____

Home phone: _____ Cell: _____

Other family/caregivers involved: _____

_____

Palliative Care Doctor: _____ Primary Care Doctor: _____

Diagnosis: _____

Client Aware of Diagnosis? □ Yes □ No **DNRC**: □ Yes □ No PPS**:** _____

Current/planned treatment: _____

_____

_____

Comments: _____

_____

_____

Admission Criteria:
A. Individual with a terminal illness seeking palliative support, or
B. Caregiver of a terminally ill loved one seeking support, or
C. Family requiring bereavement support (please fill out bereavement referral)

VON – Algoma - 7B Oxford St. Sault Ste. Marie, ON P6B 1R7 ● Toll Free: 1-800-561-6551 ● Mobile: 705-206-4537
Office: 705-942-8200 x265 ● Fax: 705-942-8874 ● Email: julia.lewis@von.ca