6 Albert Street, Parry Sound, ON P2A 3A4
Phone: (705) 746-4540 ext.1415 Fax: 705-773-4098
E-mail: jcaux@parrysoundhospice.ca Website: parrysoundhospice.ca

NEW CLIENT INFORMATION – REFERRAL FORM

Please fill in the following client information and fax to 705-773-4098

CLIENT INFORMATION:

Name:			**DOB:**
Address:			**Phone number:**
Client resides with:	**Pet(s) in home?** Yes ☐ No ☐ Type:	**Smoking in home?** Yes ☐ No ☐	**Stairs in home?** Yes ☐ No ☐
Palliative diagnosis & medical history:	**Client aware of prognosis?** Yes ☐ No ☐		**Referred by:**
Client/family psychosocial concerns/stressors:		**Mobility concerns?** Yes ☐ No ☐ (If YES, describe in comments)	**DNR in place?** Yes ☐ No ☐
Pain? Yes ☐ No ☐ (If YES, describe in comments)	**Family Doctor:**	**Dates and Times requested:**	
Swallowing difficulty? Yes ☐ No ☐	**Summary of support requested:**		
Oxygen used? Yes ☐ No ☐	**Additional Comments:**		
Power of Attorney (POA)/ Important people to the client:	**Relationship:**	**Phone number:**	