# GREATER TRAIL HOSPICE SOCIETY

**Phone**: (250) 364-6204 **Fax**: (250) 364-6218
Kiro Wellness Center, Suite 7- 1500 Columbia Ave, Trail, BC, V1R 1J9

## Hospice Referral Form

**CLIENT NAME**: ______________________ Prefers to be called: ____________

Birth Date: ______________________ Age: ________ Marital Status: ____________

Address: ______________________ City: ______________________

Phone: ______________________ Postal code: ______________________

**Current Location:** ☐ Acute Care, Ward: ______________________

☐ CVL ☐ Poplar Ridge ☐ Rosewood Room #: ________ Bed#________

☐ Home (at address above)

☐ Other: ______________________

**Diagnosis:** ______________________

**Palliative Performance Scale:** ______% **Are client / family aware of this referral?** Yes No

**Special Precautions**, (e.g. infection control issues; mobility issues, pets in home, allergies, etc).

______________________

## Contact Information

**Primary Contact:** ______________________ Relationship: ______________________

Phone: HOME/CELL/WORK ______________________

**Secondary Contact:** ______________________ Relationship: ______________________

Phone: HOME/CELL/WORK ______________________

## Referral Requested ☐ Urgent (1-2 days) ☐ Non-urgent (3-14 days)

☐ Assessment of client & family needs ☐ Education about resources for client/family

☐ Bedside Volunteer ☐ Navigator Care

☐ Spiritual Care ☐ Other: ______________________

**Date of Referral**: ______________________ Phone Number: ______________________

**Source of Referral**: ______________________

NAME AND TITLE/DESIGNATION OF PERSON MAKING REFERRAL

**All Information on this form is strictly personal and confidential and for exclusive use by the Greater Trail Hospice Society**

Revised September 2019

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**CLIENT NAME**: ______________________________

PLEASE FILL OUT PERSONAL INFORMATION ON THE OTHER SIDE OF THIS FORM

Information that will help care for this client more personally: (Likes or dislike. Relationship with family or friends. Work or travel experience. Strong faith or religious beliefs. What else would bring comfort to this person?)

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Intake Notes:

Comments: ______________________________
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