



Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

name

Contact: \_\_\_\_\_

Telephone

email

Agency \_\_\_\_\_

**Individual/client Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Health Card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Telephone: 613 \_\_\_\_\_ Cell: \_\_\_\_\_  
d/m/yr

Person to contact for Home Visit (If different from client):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: 613 \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Contact #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

PPS \_\_\_\_\_ Prognosis: \_\_\_\_\_

- Service:  In-home Care (visiting/respice)  Bereavement (before and/or after death)
- Day Wellness Program  Caregiver Support
- Spiritual Care  Psychotherapy

Brief Summary

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How can Hospice Kingston help?

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For further follow up, please contact Kelly Bell 613-542-5013 Ext. 3 [kelly.bell@hospicekingston.ca](mailto:kelly.bell@hospicekingston.ca)

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