

# Community Hospice Care Program Client Referral Form

**Service(s) requested**

In-Home Support   
  Day Hospice   
  Bereavement Support

**Primary Language:**  
  English  
  French  
 Other \_\_\_\_\_

Please fax completed form to **613-422-4976**  
 or call 613-680-0306

**Has the client been informed of this referral?**   
 Yes    
 No

**For Hospice Use Only**

Client Number \_\_\_\_\_  
 Referral Date \_\_\_\_\_  
 First Contact Date \_\_\_\_\_  
 Reason for Referral \_\_\_\_\_

I&R

Client name			
Address			Postal Code:
Telephone	Home:		Cell:
Date of Birth	YY/MM/DD:		Email:

Diagnosis:

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Brief History of Current Illness:

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Co-morbidities/Other Health Concerns:

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Psycho/Social/Spiritual:

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Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

Next of kin	Relationship:		
Address			
Telephone	Home:		Cell:

Name of Referral Source/Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor   
  LHIN-CM   
  Nursing Agency   
  Social Worker   
  Self   
  Family   
  Friend

**How did you hear about Hospice Care Ottawa?**

Doctor   
  Family/Friend   
  Website   
  Other: \_\_\_\_\_

Referral Completed by \_\_\_\_\_ Date \_\_\_\_\_

**Our community hospice programs are offered out of the following locations**



May Court Hospice  
 114 Cameron Avenue  
 Ottawa, ON K1S 0X1



Ruddy-Shenkman Hospice  
 / Hein House  
 110 McCurdy Drive  
 Kanata, ON K2L 2Z6



La Maison de l'Est  
 c/o Résidence Cité Parkway  
 380 ave LeBoutillier  
 Ottawa, ON K1K 3W3