



Referral Form

This form can be completed as a self-referral or by a health-care professional, family member, caregiver or friend. Please provide as much information as possible to help with the referral process.

Referral Information

Name of person to receive support: _____ Date of Referral: _____

Age/DOB: _____ Language: _____

Email: _____ Phone: _____

Physical Home Address: _____

Name & Contact of Family Member/Caregiver: _____

Medical diagnosis: _____

Current Location of person: Home Hospital Long Term Care Facility Other

Hospital/Facility Name & Room Number: _____

If Known:

Physician Name: _____ Phone Number: _____

Home Health Nurse: _____ Phone Number: _____

Social Worker: _____ Phone Number: _____

Referral Source (if not a self-referral)

Name and Relationship to person:

Phone number: _____ Email Address: _____

Would you like us to contact you prior to meeting with the person referred? Yes No

Type of Support Requested

Palliative/end-of-life hospice support Bereavement support

Is this person aware of this referral? Yes No

If not, please briefly explain why not: _____

Who should we contact regarding this referral?

The person directly The person making the referral Other

If other please provide full name and contact information:

Is there any other information you would like to share that could be relevant to the clients care or for compatibility with a volunteer? (for eg. social history, family relationships, interests, likes, dislikes, other languages spoken)

Initial here to declare the information provided is accurate & complete _____

Your Signature _____

Scan & send to elkvalleyhospice@gmail.com
--

Submissions will be directed to the Coordinator through the confidential Elk Valley & Area Hospice email account (elkvalleyhospice@gmail.com). This inbox is checked regularly however, if this referral is urgent, please call us at 250-423-4453 ext 38109 and leave a message. Our goal is to return your call within 24 hours.

Referrals can also be sent via mail to: Elk Valley & Area Hospice, Box 670, Fernie, BC V0B 1M0 or hand delivered to the secure mailbox located on the door of the Kiosk at Elk Valley Hospital.