Hospice of Waterloo Region
298 Lawrence Avenue
Kitchener, ON
N2M 1Y4
Tel: 519-743-4114
Fax: 519-743-7021
Email: hospice@hospicewaterloo.ca

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Agency: ____

Telephone: ____

Client Name: ____

Address: ____

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Telephone: ____

Date of Birth: ____

Diagnosis: ____

Prognosis: ____

Comments: ____

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Is Client aware of referral and agreeable to a visit from a representative of Hospice of Waterloo Region? **Yes ❑** **No ❑**

Next of Kin: ____

Relationship: ____

Address: ____

Telephone: ____

PLEASE FAX TO (519) 743-7021

For HWR Use:

Phoned on: ______________________ ______________________

Contacted on: ____

Assessment Date: ____