



Hospice Family Centre
298 Lawrence Ave
Kitchener, ON, N2M 1Y4
Tel. (519) 743-4114
Fax (519) 743-7021
hospice@hospicewaterloo.ca

Client Referral Form

Referred By: _____

Agency: _____

Telephone: _____

Client Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Diagnosis: _____

Prognosis: _____

Comments: _____

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

<p><i>For HWR Use:</i></p> <p>Phoned on: _____</p> <p>Contacted on: _____</p> <p>Assessment Date: _____</p>
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