



Hospice of Waterloo Region
100 Solstice Way,
Waterloo, N2K 0G3
Tel: (519) 743-4114
Fax: (519) 743 7021
intake@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

Substitute Decision Maker: _____

Relationship: _____

Address: _____

Telephone: _____

PLEASE FAX TO (519) 743-7021

For HWR Use:

Phoned on: _____

Contacted on: _____

Assessment Date: _____