

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 Region?	e of referral and agreeable to a visit from a representative Yes No	e of Hospice of Waterloo
	Yes No No	
Region?	Yes No No	
Region? Substitute Dec	Yes No No Sission Maker:	
Region? Substitute Dec Relationship:	Yes No No Sision Maker:	
Region? Substitute Dec Relationship: Address:	Yes No No Sision Maker:	
Region? Substitute Dec Relationship: Address:	Yes No No Sision Maker:	
Region? Substitute Dec Relationship: Address:	Yes No	
Region? Substitute Dec Relationship: Address: Telephone:	Yes No No Disision Maker: PLEASE FAX TO (519) 743-7021 For HWR Use:	
Region? Substitute Dec Relationship: Address: Telephone: Phoned on: Contacted on:	PLEASE FAX TO (519) 743-7021 For HWR Use:	