



**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**

Substitute Decision Maker: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE FAX TO (519) 743-7021**

***For HWR Use:***

Phoned on: \_\_\_\_\_

Contacted on: \_\_\_\_\_

Assessment Date: \_\_\_\_\_