Shuswap Hospice Society
Ste. #4 – 781 Marine Park Dr. NE, Salmon Arm, BC V1E 2W7
**PHONE**: 250- 832-7099 **FAX**: 250- 832-7017
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SHUSWAP HOSPICE SOCIETY

Suite 4, 781 Marine Park Drive,
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# Client Referral Form

## PLEASE PRINT

**Referred by: (hospital; Bastion; other facility or agency)**_____

**Person Referring (from agency above)**_____ **Phone:** _____

**Date of Referral:** _____ **Family Physician:** _____

**CLIENT:**
**Name:** _____ **Age:**____ **Phone:** _____

**Address:** _____ **P. Code:** _____

**Present Location:** _____ **Rm.*** _____ **Phone:** _____

**DIAGNOSIS:** _____

## Referral Type: ☐ Palliative ☐ Grief ☐ Companion ☐ Youth & Children ☐ Nav-Care

## Comments: PLEASE PRINT

_____

_____

_____

_____

**Client aware of referral? YES ☐ NO ☐**

**Family aware of the referral? YES ☐ NO ☐**

**SUPPORT INFORMATION:**

**Primary Support Person** _____

**Relationship:** _____ **Phone number:**_____

**Client Faith / Belief**_____

**Volunteer Assigned:** _____

**Please notify the Hospice Society upon the DEATH or RELOCATION of the above individual**