**North Simcoe Muskoka Hospice Palliative Care Network Keeping Us Connected Referral Form**

**Form Completed by:**

|  |  |
| --- | --- |
| **Name:**  | **Contact number:**  |
| **E-mail address:**  | **Relationship to Senior:**  |

**Seniors Information:**

|  |
| --- |
| **Name:**  |
| **Address:** Street # Street City Province Postal Code  | **Living with a life-limiting illness?**[ ] Yes [ ] No |
| **Telephone:**  | **Lives Alone:** [ ] Yes [ ] No |
| **No Known Address**: [ ]  | **Notes:**  | **Primary Language:** [ ] EN [ ] FR Other:  |
| **Consent to Contact:** [ ]  |
| **Seniors Access to Technology:**  |
| **Do they have access to iPad or computer?** [ ] Yes [ ] No |
| **Are they familiar with FaceTime or GoTo Meetings:** [ ] Yes [ ] No |
| **Would they be willing to attend virtual conversations:** [ ] Yes [ ] No |
| **Seniors Emergency Contact:**  |
| **Name:**  |
| **Telephone:**  |
| **Consent to Contact:** [ ]  |

**Additional Comments**:

|  |
| --- |
|  |

**Please return completed form by fax to:**

**(705) 325-7328**