

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

**Form Completed by:**

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

**Seniors Information:**

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| --- | --- | --- |
| **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**:

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

**(705) 325-7328**