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HOSPICE NORTHWEST CAREGIVER REFERRAL FORM

Date of referral: Year..... Month Day

Caregiver's Name:

Phone number:.....

Email address:_____

Address:_____

LOCATION:

- Thunder Bay Nipigon Marathon
 Geraldton/Longlac Terrace Bay/Schreiber Manitowadge

PALLIATIVE CLIENT NAME:

(who is the caregiver, caring for)

VISITING HOSPICE SERVICES REQUESTED (check all that apply, and explain):

- 24/7 phone **807-632-0838**
- Caregiver Workshop (3 times per year – 5 week sessions)
 Will support be needed while attending the workshop? YES " NOX
- Circle of Friends Support Group for Caregivers
- Volunteer 1:1 support
- Referral to other agencies
- Language or Cultural considerations: please list:_____
- Respite Care for family/caregivers:

Notes or other information: