

Yee Hong Peter K Kwok Hospice Virtual Programs Referral Form

Name of client (last name, first name): _____

Phone #: _____ Email: _____

Address: _____ Date of birth (DD/MM/YYYY): _____

Language(s) spoken in order of fluency: _____

Preferred language for program support: English Mandarin Cantonese Hindi Punjabi
 Other: _____

Religion/spirituality (any affiliation): _____

Emergency Contact: Name: _____ Relationship: _____

Phone #: _____

Program(s) that you would like to apply for (you may apply for multiple programs):

1. Virtual Volunteer Companion Support Program
2. Virtual Palliative Support Program
3. Virtual Caregiver Support & Education Program
4. Virtual Bereavement Support Program
5. Virtual Music Support Program

Person completing the request form: self palliative client caregiver clinician bereaved individual

Name of person completing the form: _____

If you are applying for programs (1-3 above), kindly complete the following information about the individual living with a terminal illness and a prognosis of up to 18 months:

1. Diagnosis: _____

2. Co-morbidities: _____

3. Current care services being received: homecare palliative care other: _____

4. Primary caregiver (name/relationship): _____

Contact info (phone # or email): _____

5. Place of residence: home with family home alone retirement home

Other (please specify): _____

How did you find out about the virtual programs: media personal contact health professionals
 other: _____

Signature: _____

Date: _____

Notes:

1. Applicants will be contacted to discuss further details of their choice of program(s).
2. Each applicant will have to fill out a separate form for each program.
3. If less than four people apply for a group, sessions may be modified to combine with other groups.
4. If the number of applicants exceeds our capacity for a program, applicants may be put on a waiting list.

Please submit the completed application form: **Fax: 416-814-3453 or Email: seema.sud@yeehong.com**