



**Yee Hong Centre  
For Geriatric Care**

頤康中心

Yee Hong P.K. Kwok Hospice  
60 Scottfield Drive  
Scarborough ON, M1S 5T7  
Tel: 416-412-4571 (ext.5313)  
Fax: 416-814-3453

## 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

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: \_\_\_\_\_

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: hospice@yeehong.com**