HEART AT HOME VISITING PROGRAM

Referral Form

Service User Name: _____

Gender: Please Select **DOB:** _____

Email: _____ **Phone:** _____

Address: _____

_____

The Heart at Home Visiting Program provides compassionate, non-medical emotional support, companionship, and comforting presence to individuals living with life-limiting illness, their caregivers, and individuals experiencing grief and bereavement in the community. The program aims to reduce social isolation, provide caregiver support, promote dignity and comfort, and foster meaningful connection throughout the palliative and end-of-life journey.

REFERRAL INFORMATION

Date of Referral: _____

Referral Source: Please Select

Other: _____ **Name of Referral Source:** _____

Phone: _____ **Service User is Aware of Referral and Consents to be Contacted** Please Select

Email: _____

REASON FOR REFERRAL

Palliative Care/Life Limiting Illness	Please Select Other _____
Grief/Bereavement Support	Please select Other _____
Caregiver Support	Please Select Other_____

Fax Completed Form to: 613-432-3618

For further inquiries or support: Christie Zimmerling (613) 433-3993 x2232 / czimmerling@hospicerenfrew.ca

OFFICE USE ONLY	
Date Referral Received:	Notes:
Date of First Intake Contact:	
Outcome of Referral Please Select	