

Criteria For Palliative Support

- A resident of the Comox Valley
- A diagnosis of a life limiting illness (anticipating 6 months or less)

Criteria for Anticipatory Grief Services:

- You are experiencing end of life of a loved one

Bereavement Support:

- Grieving the death occurring within the past 12 months AND the loss was expected - palliative + connected with CVHS

Please refer to back of page regarding limitations for eligibility

Check Services Required

- Palliative Services
 Anticipatory Grief Services
 Bereavement Services
 Grief Resource Package

Please note that the client must consent to the referral prior to submission of form

Referral Date: _____

Referral Source (Check below)

- Physician
 Island Health
 CVH
 RCMP/VS
 Self Referral
 Other _____

Referral Contact Name: _____ **Referral Phone:** _____

Client Name: _____ DOB / Age _____

Address: _____ City: _____

Postal code _____ Phone: _____ Email: _____

Has the referred client been a CVHS client before? Y / N

Is the referred client currently receiving palliative care? Y / N

Diagnosis: _____ PPS (If Known) _____

If seeking anticipatory grief support, what is the relationship to the palliative person? _____

If the client is seeking bereavement support, was the person who died receiving CVHS support? Y / N

If yes:

What is the name of the deceased? _____ What was the date of death? _____

What is the client's relationship to the deceased? _____

What other information is important for us to know about this client's situation or request for services?

Please see back of page

Our services are specific to hospice and palliative care and as such, there are some limitations for eligibility.

Ineligibility includes:

- Person seeking services does not reside in the Comox Valley
- Person seeking services has a primary diagnosis of Dementia
- Person is presenting with Acute or Complex Mental Health and Addictions
- Individuals living in long-term care or assisted living settings
- Death was due to an unexpected traumatic event (eg., death due to an accident)
- Loss occurred 12 months or more

Referrals can be faxed to 250-871-5063

Mailed to:

**Comox Valley Hospice Society
2900 Cliffe Avenue Courtenay BC V9N 0J1**

or dropped off at the same address Mon- Fri 9 am - 4pm

For more information about our services:

www.comoxhospice.com

Ph: 250-871-0696