NEAR NORTH PALLIATIVE CARE NETWORK
2025 Main Street West, North Bay, ON, P1B 2X6
Phone: 705-497-9239 1-800-287-9441 Fax: 705-497-1039
Sturgeon Falls: 705-753-3110 ext. 339
E-mail: office@nnpcn.com Website: www.nnpcn.com

Referral Date _____
MM/DD/YYYY

Client # _____
FOR NNPCN OFFICE USE ONLY

Last Name		**First Name**	
Address		**City-Province**	**Postal Code**
Phone	**Gender**	**Date of Birth** (MM/DD/YYYY)	**Language Preference** English ☐ French ☐
Diagnosis		**Attending Physician**	**Hospital Discharge Date**
Does Client Agree with Referral? Yes ☐ No ☐		**Living Will Discussed** Yes ☐ No ☐	**DNR Discussed** Yes ☐ No ☐

REFERRED BY

Physician/LTC/Family Information		**Phone**
Agency	**Agency Contact Person**	**Phone**
Significant Other	**Relationship**	**Phone**
Family Member	**Relationship**	**Phone**

PRIMARY CARE-GIVER CONTACT INFO

Name	**Relationship**	**Phone**
Address	**City**	**Postal Code**

SUPPORT IN PLACE AT PRESENT

Nursing	**Home-Making**
Other support	