



NEAR NORTH PALLIATIVE CARE NETWORK

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PALLIATIVE 011 - DEATH NOTICE

| | | | |
|---------------------------------------|-------------------------------------|---|---------------------------------------|
| Date of Death: | Location of Death: | | |
| | Home <input type="checkbox"/> | Hospital <input type="checkbox"/> | LTC Facility <input type="checkbox"/> |
| Clients Name: | | | |
| Date Notified: | | | |
| Next of Kin: | | | |
| Mailing Address: (Next of Kin) | | | |
| City/Town | | Postal Code: | |
| Relationship to Deceased: | | Phone Number: | |
| Comments: | | | |
| | | | |
| | | | |
| Card | BSP <input type="checkbox"/> | Card & 1st Letter Only <input type="checkbox"/> | |

For Office Use Only:

| | | |
|---|---------------------------------------|---------------------------------|
| Team Notified: North Bay Team <input type="checkbox"/> West Nipissing Team <input type="checkbox"/> Mattawa Team <input type="checkbox"/> | Card Sent By: | Date Sent: |
| Processed by Office: | Date Recorded: | Signature: |
| Volunteer Evaluation: Date: | BSP Initiated: Date: | |
| By: | By: | |
| NNPCN Data Input Date: _____ Month/Day/Year | | Data Base Client Number: |

