



# NEAR NORTH PALLIATIVE CARE NETWORK

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## DEATH NOTICE

<b>Date of Death:</b>	<b>Location of Death:</b> Home <input type="checkbox"/> Hospital <input type="checkbox"/> LTC Facility <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Clients Name:</b>		
<b>Date Notified:</b>		
<b>Next of Kin:</b>		
<b>Mailing Address: (Next of Kin)</b>		
<b>City/Town</b>	<b>Postal Code:</b>	
<b>Relationship to Deceased:</b>	<b>Phone Number:</b>	
<b>Comments:</b>		
<b>Card</b> <input type="checkbox"/>	<b>Bereavement Support</b> <input type="checkbox"/>	<b>Phone Call to Main Caregiver</b> <input type="checkbox"/>

<b>Team Notified:</b> North Bay <input type="checkbox"/> West Nipissing <input type="checkbox"/> Mattawa <input type="checkbox"/> Almaguin <input type="checkbox"/>	<b>Card Sent By:</b>	<b>Date Sent:</b>
<b>Processed by Office:</b> <input type="checkbox"/>	<b>Date Recorded:</b>	<b>Signature:</b>
<b>Volunteer Evaluation:</b> <b>Date:</b> <b>By:</b>	<b>Bereavement Support Initiated:</b> <b>Date:</b> <b>By:</b>	
<b>Data Base Client Number:</b>	<b>NOTE:</b>	

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