



Madawaska Valley

Hospice Palliative Care

Individual Compassionate Support at Every Step

7 St Francis Memorial Dr.
Box 129 Barry's Bay, ON K0J 1B0
Phone 613-756-3045 ext.350
Fax 613-756-0106
mvhospice@sfmhosp.com

Request for Bereavement Support

Date: _____

I _____ request assistance from MVHPC for bereavement support.

Date of Loved one's death: _____

Family Member: _____ Relationship: _____

Diagnosis of Family Member: _____

Clinical Consultation Date visited: _____

I understand and give permission for the sharing of information between Madawaska Valley Hospice Palliative Care (MVHPC) staff and volunteers and other members of my health team which may include doctors, nurses and Personal Support Workers. Confidentiality and privacy will always be maintained. MV Hospice Palliative Care provides all services at "No Charge" to residents of Renfrew County.

Health Card #: _____ *Initials* _____

By signing this form I confirm that this consent has been explained to me in terms I understand and I can call MVHPC if I have concerns or questions about the services being provided.

Street and Mailing Address: _____

Telephone # : _____ Cell phone # : _____

Date of Birth: _____ Age: _____

Client / Family Signature: _____

Witness: _____ Referral Source: _____