



CLIENT SELF-REFERRAL FORM

DATE: _____

CLIENT INFORMATION

FIRST NAME	
LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)	
ADDRESS (Street name and number)	
CITY	
POSTAL CODE	
PHONE NUMBER (Home)	
PHONE NUMBER (Cell)	
EMAIL ADDRESS	

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT 1:
Name:
Home number:
Cell number:
Email address:

EMERGENCY CONTACT 2:
Name:
Home Number:
Cell number:
Email address:

Please sign, scan and return the form by email at: nav-care@tdpcr.ca

Or mail to the attention of the: Nav-CARE Coordinator
265 André Brunet St, Kirkland H9H 3R4

We will follow up by phone to confirm eligibility and complete your registration to the Nav-CARE program.

If you have any questions, please do not hesitate to contact the Nav-CARE Coordinator at: 514 431-7944
We look forward to talking to you!

Résidence
de soins palliatifs
Teresa-Dellar



Teresa Dellar
Palliative Care
Residence

CONSENT FORM

By signing this form, you are consenting to being contacted by the Nav-CARE Coordinator and receive services from a Nav-CARE volunteer from the Teresa Dellar Palliative Care Residence.

Name: _____

Signature: _____

Date: _____