



Cranbrook • Kimberley
HOSPICE SOCIETY

Client Consent/Referral Form for Cranbrook & Kimberley Hospice Services

Date: _____

Name of Client: _____

Client's Room Number: _____

Referred by: _____ Contact # _____

Diagnosis: _____

Primary Contact: _____ Phone _____

Contact's Address: _____

Verbal Consent: _____

Cranbrook Kimberley Hospice Society is hereby authorized to contact me or my Contact to offer Hospice Services.

Client or Caregiver Signature

Date

*Fax: 250-417-2046 or Scan and email: info@ckhospice.com
Leave a message: 250-417-2019 or Toll Free: 1-855-417-2019*