

**Making Referrals
to Every Day
Counts Program**

At Diagnosis

**Acute/Chronic Stage of
Disease**

**Advanced Life-
Threatening**

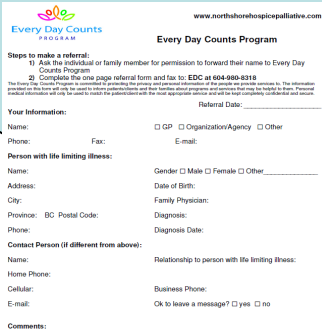
Bereavement

GP/Health Professional
Completes **Referral Form**
on client's behalf

Health Professional/Self
refers by calling
604-363-0961 with name
and contact number

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**Palliative Program
patients known to EDC*

Call **604-363-0961**



www.northshorehospicepalliative.com
Every Day Counts PROGRAM

Steps to make a referral:
1) Ask the individual or family member for permission to forward their name to Every Day Counts Program.
2) Complete this one page referral form and fax to: EDC at 604-980-8318

Your Information:
Name: GP Organization/Agency Other
Phone: Fax: E-mail:

Person with life limiting illness:
Name: Gender Male Female Other
Address: Date of Birth:
City: Family Physician:
Province: BC Postal Code: Diagnosis:
Phone: Diagnosis Date:
Contact Person (if different from above):
Name: Relationship to person with the limiting illness:
Home Phone: Business Phone:
Cellular: E-mail: Ok to leave a message? yes no
Comments:

Contact Information Tel: 604-363-0961
E-mail: everydaycounts@vch.ca
Website: www.northshorehospicepalliative.com

Mandate: Non-leisure professional evidence based in-house specialty program with a person centered focus supporting psychosocial needs of individuals living with a life limiting illness (may be cancer, organ failure or dementia) and their family on the North Shore and Bowen Island.