



VON PEER-TO-PEER GRIEF SUPPORT APPLICATION/REFERRAL

Referrals To be Completed by Client or Health Care Provider and Submitted to

VON Algoma, Espanola & Manitoulin (caredove.com)

Or Fax to (705) 942-8874 / or email: BSNE@von.ca

Client Details (Complete in Full):

Name: Last, First	Date of Birth: (dd-mm-yyyy)	
Street Address:	Telephone #	Email Address:
City:	Province:	Postal Code:

About the Loss:

Name of the Deceased:	Date of Death: (dd-mm-yyyy)	Age at Death:
Nature of Death: <input type="checkbox"/> Illness/Long Term <input type="checkbox"/> Suicide <input type="checkbox"/> Unexpected <input type="checkbox"/> Homicide		
Other:		

☐ VON has consent to call

Application/Referral Completed By:

Name: (please print)		
Date:	Telephone:	Email Address:
Signature:		Designation (if applicable)

For Office Use Only:

Intake Date: _____ Anticipated Start Date: _____ Confirmed Start Date: _____

Discharge Date: _____ Notes: _____