Victoria Lifeline
FAX # 204-261-7719 or 1-877-784-6865

Request for Follow-Up

To request a follow-up for your patient/client,
please complete and fax to the number above.

When indicated by a patient's health status and social circumstances - recommending Victoria Lifeline might be the appropriate intervention.

Direct referral by the healthcare provider increases the probability of usage.

There is a direct link under the "Health Care Professionals" tab, www.victorialifeline.ca to the referral form.

Your Name & Title: _____

Facility / Organization: _____

Phone: 204-_____ Ext._____ Email: _____

Type of Follow-Up Request (Please mark with an √ or X)

☐ Information Via Mail ☐ Info Via Phone ☐ Home Visit ☐ Installation appointment

☐ Hospital Bedside Visit   Patient Room Number: _____ Discharge Date:_____

A Representative will contact your Patient/Client to provide further information about Victoria Lifeline.

Patient/Client Name: _____ **Phone Number:** _____

Address:_____**City/Town**_____**Postal Code**_____

Family or Contact Person's Name: _____**Phone Number:** _____
(*If Patient/Client is not the primary contact*)
Special instructions (i.e. call after 3pm)_____

I give permission for the person named above to give my name and contact information to Victoria Lifeline so that a Lifeline Representative may contact me, exclusively for the purpose of further explaining the product and related services. I do not have to accept the service if I do not want it. I authorize Victoria Lifeline to communicate back to my health care provider the outcome of my discussion.

Patient/Client Signature_____

Date: _____

☐ **Please check here that you have received <u>verbal</u> approval if a Patient/Client signature cannot be obtained.**

Consent and Privacy Notice: By submitting this form you acknowledge that you have obtained consent from the patient/client named on this form to release their personal information to Victoria Lifeline and that the information will be used to contact the patient/client for the purposes of further explaining the products and services. There is no obligation to accept any products or services.
Confidentiality Notice: The information in this facsimile is for the sole use of the intended recipients and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender listed above.

For Victoria Lifeline Office Use Only*:*
Follow up with Patient/Client Completed on: D/M/Y _____/_____/_____

Outcome_____

Requester Notified of Outcome: Yes_____ No_____

VICTORIA LIFELINE
Safe and independent living.

Through our partnership, revenue generated is reinvested back into our community