



135 Main St W ~ Listowel ON ~ N4W 1A2 ~ 519-291-5141
admin@northperthcommunityhospice.com ~ www.northperthcommunityhospice.org

We would like to know more about your family's experience so that we can better understand your child's perspective, any comments, questions or issues that might arise over the course of their support. This will help us to support your child and your family as well as we possibly can.

If the person is alive, what is their diagnosis?

How long have they been ill?

How have their interactions with the child been affected?

What is their prognosis? less than 6 weeks 6 weeks – 3 months 3 – 6 months 6 – 12 months 1 yr+

If the person has died, what was the cause of death?

If they died of an illness, how long were they ill before they died?

How long ago did they die? less than 6 weeks 6 weeks – 3 months 3 – 6 months 6 – 12 months 1 yr+

Consent

By checking this box, I give permission for North Perth Community Hospice to share the above information with staff who are directly involved in the support program for which my child/ my family is/ are registering.

Please return completed form to: jenna@northperthcommunityhospice.com

Or deliver/mail to: North Perth Community Hospice
135 Main Street West
Listowel ON
N4W 1A2