



*Each day matters*

We cannot change the outcome, but we can affect the journey. - Anne Richardson

**Referral letter for Prairie Rose palliative care comfort items.**

**Date of Request:**

Name of person requesting:

Requesting person's phone number:

May we delivered a:

**Comfort bag -**

And/or **follow up care-**

**Name of the person receiving the comfort bag:**

**Location address** of this person:

**Phone number** of this person:

Describe **interests** of this person:

Where did you find this form?:

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Office use only:

Date request received:

Date bag delivered:

By whom:

Date information put into the PR comfort measures spreadsheet:



**Prairie Rose Hospice Palliative Care Society**

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