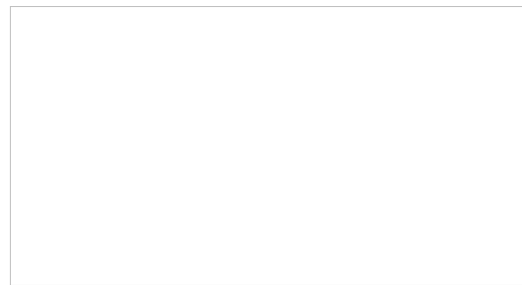


Victoria Lifeline

FAX # 204-261-7719 or

1-877-784-6865



Request for Follow-Up

To request a follow-up for your patient/client, please complete & fax to the number above or email info@victorialifeline.ca

Your Name & Title: _____

Facility / Organization: _____

Phone: 204-_____ Ext. _____ Email: _____

Type of Follow-Up Request (Please click the box or mark with an \checkmark or X)

Information Via Mail Info Via Phone Home Visit Installation Appointment Hospital Bedside Visit

Patient Room Number: _____ Discharge Date: _____

Check this box if you'd like the patient to also receive fall prevention education (*Winnipeg only*)

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)

Include any special instructions (i.e. call after 3 pm)

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.

For more information on privacy, please see Victoria Lifeline Privacy Policy <https://www.victorialifeline.ca/about-us/privacy-policy>

Patient/Client Signature _____

Date: _____

Please check here that you have received **verbal** 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