

Facility: _____

Dossier : _____
 Nom, Prénom : _____
 Date de naissance : _____ ☐ F ☐ M
 AAAA-MM-JJ
 NAM : _____ Exp. _____
 AAAA-MM
 Nom de la mère : _____

CONSENT TO REGISTER AT A PALLIATIVE CARE CENTRE

I understand that the care provided at this centre is palliative in nature, meaning its main purpose is to:

- Relieve my physical, emotional, and mental suffering;
- Accompany me on my final journey in serenity and with respect for me and my loved ones.

This means that:

- There are no more possible treatments for my disease, but that every effort will be made to relieve my symptoms and make sure I am comfortable;
- No measures will be taken to prolong my life, including attempts to resuscitate me using CPR.

I understand that:

- I will be taken care of by the medical and interdisciplinary palliative care team, and my health condition will be assessed regularly;
- The palliative care centre is not a long-term care facility;
- After a maximum three-month stay, if my health condition has stabilized, I will be transferred to a facility better suited to my needs;
- If I am transferred to a public facility, the usual housing and transport costs will apply;
- The centre is a tobacco-free facility; I am permitted to smoke in the designated areas only. The same applies to electronic cigarettes. If I am unable to get to the smoking area myself, my loved ones will have to take me.

I am aware of the palliative nature of the care provided to me at this centre and the associated conditions. I have had the opportunity to speak to my care team and ask any questions I have.

I give my consent to be registered at a palliative care facility. I may cancel this request at any time.

_____	_____	Date: _____
User's name (block letters)	User's signature	yyyy/mm/dd
_____	_____	Date: _____
Authorized person's name if the person cannot sign (block letters)	Authorized person's signature	yyyy/mm/dd
_____	_____	Date: _____
Referring professional's name (block letters)	Professional's signature	yyyy/mm/dd