

## Professional Referral

Please complete all fields below using legible handwriting,  
then fax to PAIL Network at 1-888-864-3785.

### Referring Source:

**Name:**

**Position/Role:**

**Organization:**

**Contact Number:**

**Email:**

**Consent** \*This must be checked in order for the referral to be processed.

I have documented consent from the family on file to proceed with this referral.

### Family Information:

Please complete the information below for the person you are referring for support.

**Note – If a partner or family member wishes to receive support from PAIL Network, a separate referral must be submitted.**

**Name:**

First Name

Last Name

**Date of Birth:**

**Partner's name, where applicable**

First Name

Last Name

**Address of family**

City

Province

Postal Code

**Email of family**

**Primary phone – All families will receive a phone call from PAIL Network's Referral Coordinator. Which is the primary phone contact number to be used?**

- Home Phone  
 Mobile Phone

**Home Phone**

**Cell Phone**

**May we leave a voicemail message for the family?**

- Yes  
 No

**Anticipated Discharge Date – We will time our phone call to the family to occur approximately 7 days post discharge. If the family has expressed a preference to when they would like to be contacted, please let us know.**

N/A

**Anticipated Discharge Date:**

**Family Contact time preference:**

**The family would like to be contacted about their accessibility needs:**

Yes

**Family will require interpretation in the following language:**

**Support Type – Preferred method of support is (choose all that apply):**

- Commemorative Events
- One-to-One telephone support
- Peer Support group
- Pregnancy after loss support

**Please share the details of the loss:**

**Baby's name:**

**Date of Loss:**

**Category of Loss**

- First Trimester
- Second Trimester
- Third Trimester
- Infant/neonatal death
- Infant death due to SIDS/SUIDS
- Termination of pregnancy
- Elective abortion

**Other living children:**

**Other relevant information:**

**Resources Provided – Please let us know which resources you have provided to the family.**

**PAIL Network Brochure**

**PAIL Network Booklet(s)**

- Miscarriage: Pregnancy Loss Before 20 Weeks**
- Pregnancy After Loss**
- Supporting Siblings after Pregnancy or Infant Loss**
- Stillbirth: A Guide for Families**
- When a Baby Dies in Their First Year of Life (Infant Death)**
- A Difficult Choice (Ending a pregnancy)**

**Other resources**

We understand that this loss reaches into all aspects of a family's life, and can also offer peer support during their pregnancy after loss, support as they are parenting through loss, and a dedicated group for the non-birthing partner in grief.