

Referring Source:

Professional Referral

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

Name:	7
Position/Role:	_ ¬
Organization:	7
Contact Number:	
Contact Number.	7
Email:	J
Consent *This must be checked in order for the referral to be processed.	_
\square 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 separeferral must be submitted.	arate
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	Frovince	r ostai Code
Primary phone – All families will rec Coordinator. Which is the primary p	-	
☐ Home Phone ☐ Mobile Phone		
Home Phone	Cell Pi	none
May we leave a voicemail message fo ☐Yes ☐No	or the family?	
Aniticipated Discharge Date – We wi 7 days post discharge. If the family h contacted, please let us know.	_	•
□N/A		



Anticipated Discharge Date:
Family Contact time mustaveness
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):
Online Support Groups
Commemorative Events
Peer Support group Pregnancy after loss support
One-to-One telephone 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.