

**REGIONAL PALLIATIVE CARE PROGRAM  
INFORMATION SERVICE REQUEST**

**Section A: Person Requesting Data or Information Service**

Date Requested (yy/mm/dd)   /   /

Date Required (yy/mm/dd)   /   /

Name \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_

**Section B: Use of Information or Service / Related Study or Project**

Describe use of information or Service / Related Study or Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Material attached  Yes  No (The attached material needs to describe the project briefly)

**Section C: Data or Service Specification**

1. Data types

Demographics  ESAS  MMSE  MEDD  Other (please specify) \_\_\_\_\_

2. Time frame (e.g. from Jan 01, 2002 to June 30, 2007)

From   /   /   To   /   /

3. Location

EGH  Norwood  St Joseph  Youville  
 RAH  UAH  TPCU  Other (please specify) \_\_\_\_\_

4. Service  Application  Other (please specify) \_\_\_\_\_

**Section D: Administrative (RPCP Office only)**

Estimated time \_\_\_\_\_ days

Director approval \_\_\_\_\_

Date \_\_\_\_\_

**Section E: Follow Up (RPCP Office only)**

This section applies when service needs revision or follow up

- Rev 1
- Rev 2
- Rev 3
- More than 3 revisions