

**PRE-ADMISSION CONSENT FORM  
VSPCR**

Surname :  
Given name :  
RAMQ :

I was informed about the philosophy of care at the Vaudreuil-Soulanges Palliative Care Residence (VSPCR) and I accept that a request for admission to the VSPCR be sent on my behalf. I understand that I can cancel this request at any time.

I understand that the treatments provided at the VSPCR are palliative and the goals of care are mainly to :

- relieve my physical, psychological and spiritual suffering ;
- accompany me during my final days with serenity and respect for myself and my loved ones.
- access to medical aid in dying (MAID) care at any chosen time in our establishment, according to bill no. 11 from the government of Quebec .

This implies that :

- there are no longer any possible treatments to cure my illness, but every effort will be made to provide pain as well as other symptoms relief in order to ensure my comfort and well-being ;
- there will be no measures taken to attempt to prolong, nor to shorten my life :
  - I do not wish to be subjected to cardiopulmonary resuscitation (CPR) or other emergency medical procedures in the event of an arrest in circulation.

I understand that :

- I will be under the care of the VSPCR interdisciplinary clinical team and my condition will be evaluated regularly ;
  - I authorize the physicians and the interdisciplinary team of the VSPCR to provide me with the necessary care ;
  - I authorize the interdisciplinary team of the VSPCR to access the information needed to provide me with the services I require and to transmit this information, in the strictest confidentiality, to any healthcare professional that is involved in my care;
- The VSPCR is not a long-term care facility;
  - should my medical condition stabilise or improve significantly after a 3 months stay (according to the evaluation done by the interdisciplinary clinical team), I will be referred to a resource that is appropriate to my needs;
  - if I am referred to a public long term care residence, the usual long term care fees will then apply.
- The VSPCR has a code of ethics in order to ensure a peaceful environment and a quality of life for patients, their families and employees; I pledge to respect the guidelines written in the VSPCR's Family Guide;
  - The VSPCR is a tobacco-free environment; I understand that I can smoke only outside, in the designated place and if I'm not able to move alone, my family or loved ones will accompany me; the same rules apply for the electronic cigarette.
- The care provided at the VSPCR is free of charge, but I will be responsible for the cost of my medications be it via private or government insurance (RAMQ);
  - I authorize the community pharmacy collaborating with the VSPCR to open a pharmacological file in my name;
  - I authorize the VSPCR to properly dispose of my medication, including narcotics and controlled substances..

\_\_\_\_\_  
Patient's name (in block letters)

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the patient's representative or legal guardian (in block letters) if the patient is unable to consent or sign due to illness or incapacity

\_\_\_\_\_  
Representative or legal guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the healthcare professional

\_\_\_\_\_  
Healthcare professional's signature

\_\_\_\_\_  
Date

✓ You will find attached in the appendix a list of personal effects requested upon arrival.

**APPENDIX**  
**PERSONNEL EFFECTS REQUIRED FOR THE ADMISSION**

- Health Insurance Card
- Medication presently used
- Dressings, stoma equipment, other special medical supplies if necessary
- Soap
- Shampoo
- Body Lotion
- Incontinence products/underwear/ sanitary pads
- Razer
- Hairbrush
- Toothbrush
- Toothpaste
- Cleaning products for dentures
- Kleenex
- Lip balm
- Makeup
- Magic Bag
- Wet wipes
- Pyjamas / Robe
- Credit Card

Clothing to be worn by the patient may also be brought from home to maximize his/her comfort.

The patient may also bring personal items such as films, books, photos and more. The room can be arranged according to the patient's wishes.