FONDATION LA TRAVERSÉE
Palliative Care Home

Phone 819 421-2585
Web www.fondationlatraversee.com
Email admissions@fondationlatraversee.com
5100 Montée Ryan, Mont-Tremblant, QC J8E 1S4

PLEASE SEND THIS FORM WITH THE APPLICATION FOR ADMISSION by email
admissions@fondationlatraversee.com

LAST NAME/FIRST NAME: _____

DATE OF BIRTH: _____/_____/_____

COMMITMENT PRIOR TO ADMISSION TO PALLIATIVE CARE

TO BE READ WITH THE PATIENT AND HIS RELATIVES

- **It was explained to me that the care given at La Traversée is palliative in nature, which means that it aims at:**
  - The optimal relief of symptoms related to the illness (physical and/or moral, existential).
  - The accompaniment in dignity and respect of the choices and values of the sick person and his relatives.
  - That there will be no treatment to try to cure the disease. We simply respect the evolution of the disease and that in this perspective, there will be no attempt at treatment or investigation to hope to cure or modify the course of the disease.
  - That if during my stay, my condition stabilizes or improves to the point where I reach the maximum length of stay of 3 months, or if I develop wandering behaviors, the medical team will reassess my condition and I will be referred to a more appropriate place for my situation to meet my care needs at the time. This process will be done in full transparency and with my participation.
- **The service offer was also explained to me:**
  - That La Traversée does not offer a long-term accommodation service.
  - That La Traversée recognizes palliative and end-of-life care as defined by the Quebec law S-32.0001. Thus, depending on the respect of the eligibility criteria and the procedures established by this law, I could receive medical assistance in dying or continuous palliative sedation at the Maison La Traversée I may receive this type of care only after having received all the information necessary to understand my health situation, to know all the care options available to me and to have accepted in advance the palliative care approach and the support offered to me at La Traversée.

- **<u>I understand and accept</u>:**
  - That at La Traversée, as at home, I will have to pay the costs of medication, certain types of dressings, incontinence briefs as if I were living at home.
- In accordance with LAW 44 on public places, La Traversée is a non-smoking environment within its walls and the 9-metre limit outside must be respected. An easily accessible area with an ashtray will be available outside. It will be possible to smoke in this area. The resident must always be accompanied by a volunteer (if available) or a family member to go outside to smoke (cannabis or tobacco).
- In the event that I am unable to make decisions, I authorize decisions to be made on my behalf:

  _____ (name/link).
- I certify that I have read the above, that I have had the opportunity to discuss it with the person who presented it to me, that I have understood its content and that all my questions in relation to the points mentioned above have been answered.
- I accept that certain information relevant to my evaluation, contained in my health record, will be transferred to the care team at La Traversée where I wish to be admitted and live out my final days with the greatest respect for my person and my choices.
- I may cancel this request at any time by verbal notice.

_____ _____

Signature of the resident Date

_____ _____

Signature of the most significant proxy or caregiver Date

_____ _____

Name of the contributor Date