

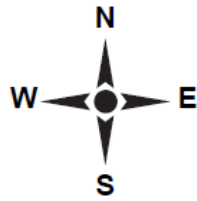
Renal Voices Matter, Listening workshop

Registration

Please fax or email registration to: Fax: 250-709-3334 Email: anita.rand@viha.ca

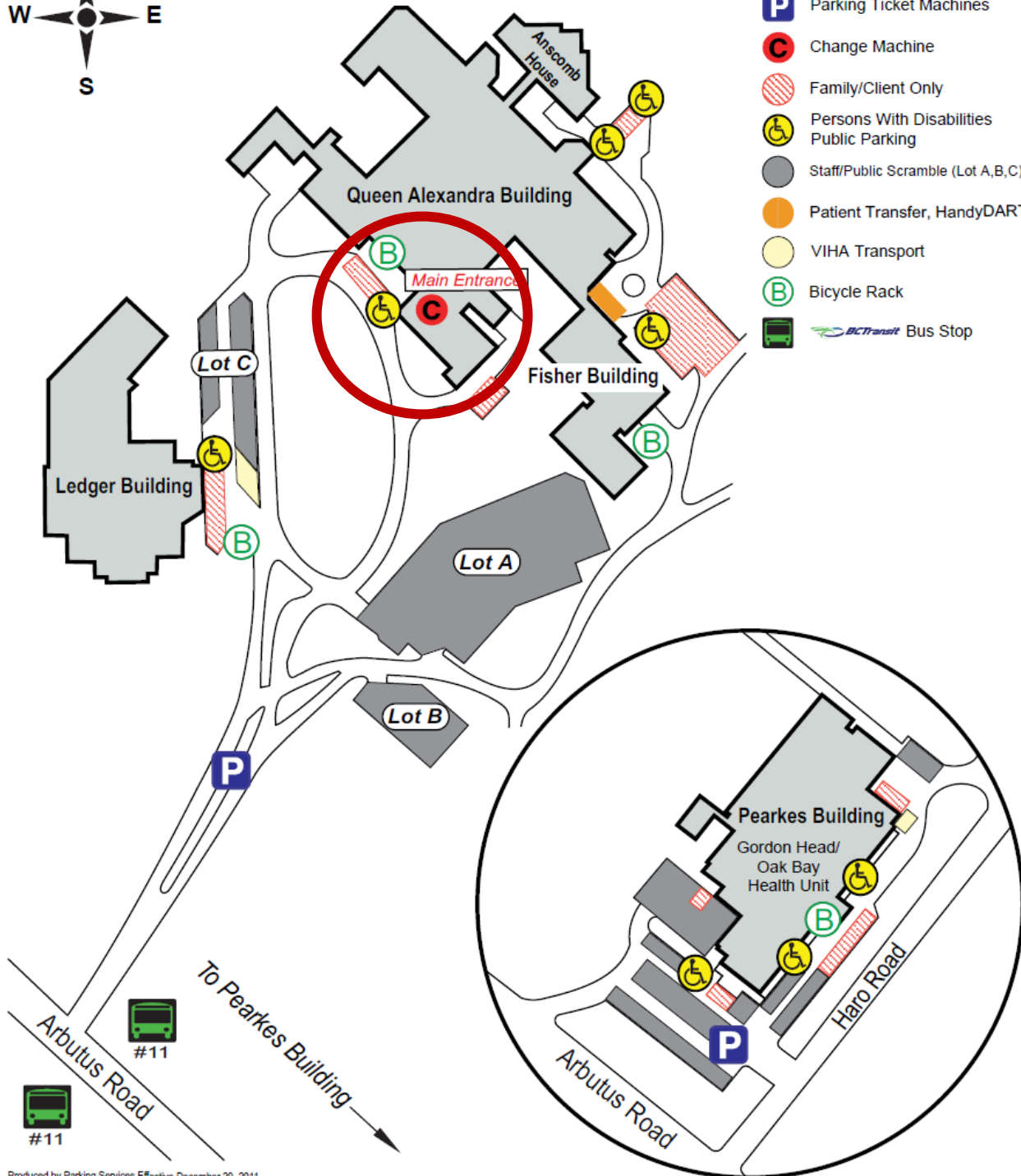
<p>Registrant Name: _____</p> <p>Role:</p> <ul style="list-style-type: none"><input type="checkbox"/> Patient<input type="checkbox"/> Caregiver<input type="checkbox"/> Family member<input type="checkbox"/> Nurse<input type="checkbox"/> Pharmacy<input type="checkbox"/> Social Work<input type="checkbox"/> Dietitian<input type="checkbox"/> Nephrologist<input type="checkbox"/> Management/Leadership<input type="checkbox"/> Other: _____ <p>Contact Telephone: _____</p> <p>Email: _____</p> <p>Home community: (If claiming mileage, please provide address travelling from) _____ _____ _____</p>	<p>Current Care/Practice location(s):</p> <ul style="list-style-type: none"><input type="checkbox"/> Royal Jubilee Hospital (RJH) Kidney Care Clinic<input type="checkbox"/> Nanaimo Regional General Hospital (NRGH) Kidney Care Clinic<input type="checkbox"/> RJH Transplant Clinic<input type="checkbox"/> RJH, Renal Unit, Hemodialysis<input type="checkbox"/> NRGH, Renal Unit, Hemodialysis<input type="checkbox"/> RJH Home Dialysis<input type="checkbox"/> NRGH Home Dialysis<input type="checkbox"/> VCDF (Victoria Hemodialysis Community Facility)<input type="checkbox"/> DCDF (Duncan Hemodialysis Community Facility)<input type="checkbox"/> NCDF (Nanaimo Hemodialysis Community Facility)<input type="checkbox"/> PACDF (Port Alberni Hemodialysis Community Facility)<input type="checkbox"/> CCDF (Cumberland Hemodialysis Community Facility) <p>Workshop preferences:</p> <ul style="list-style-type: none"><input type="checkbox"/> Morning only, (9am to 12pm) Session 1: Access to Renal Team/ Session 2: Symptom Management<input type="checkbox"/> Morning and afternoon, (9am to 2:30pm) Session 1: Access to Renal Team/ Session 2: Symptom Management/ *Session 3: BC Renal Focus Group Goal-Setting<input type="checkbox"/> Afternoon only, (1pm to 2:30pm) *Session 3: BC Renal Focus Group Goal-Setting *\$25 honorarium for patient, family, caregiver participating in the BC Renal Focus group <p>Mode of transport to workshop: (for reimbursement purposes):</p> <ul style="list-style-type: none"><input type="checkbox"/> Personal vehicle: approx. km _____<input type="checkbox"/> VIHA fleet car<input type="checkbox"/> Flight- estimated cost: _____<input type="checkbox"/> Ferry- estimated cost: _____<input type="checkbox"/> Other: _____ <p>Special dietary requirements:</p> <ul style="list-style-type: none"><input type="checkbox"/> Renal diet<input type="checkbox"/> Gluten free<input type="checkbox"/> Dairy free<input type="checkbox"/> Vegetarian<input type="checkbox"/> Other: _____ <p>Anything else you would like us to know? ie. Wheelchair-friendly set-up (for workshop planning purposes) _____ _____</p>
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QUEEN ALEXANDRA CENTRE for Children's Health Parking Map



Legend:

- Parking Ticket Machines
- Change Machine
- Family/Client Only
- Persons With Disabilities Public Parking
- Staff/Public Scramble (Lot A,B,C)
- Patient Transfer, HandyDART
- VIHA Transport
- Bicycle Rack
- Bus Stop



Produced by Parking Services Effective December 20, 2011

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