



A. TRAINING INFORMATION

This section asks for the Certified Ostomy Visitor's training information.

Certified Ostomy Visitor's Name:

Name of Local Ostomy Group:

Location:

Trainer's Name:

Initial Training Date:

Date Recertified:

Expected Expiry (5 years):

Date Submitted to National:

Is group membership current or are you registered as a National Supporter? Yes No
(Must be paid to be a visitor.)

B. PERSONAL INFORMATION

This section asks for the Ostomy Visitor's personal information including surgery type.

Address:

City:

Province:

Postal Code

Email:

Phone:

Year of Birth:

Gender:

Male

Female

Other:

Marital Status:

Married

Single

Number of Children:

Ostomy Type:

Colostomy

Ileostomy

Urostomy

None

SASO

Surgery date (if applicable):

Details Concerning Surgery:

C. PATIENT VISITATION INFORMATION

This section asks for information pertaining to the Ostomy Visitor's patient visitations.

Is comfortable going to visit a patient in: Hospital Home

Is comfortable visiting a patient alone? Yes No (*In-home visits require two people to attend.*)

Would rather attend with another visitor? Yes No

Agrees to report back to the Visitor Coordinator following a visit.

Is fluent in the following languages:

Interests &
Hobbies

D. VISITATION RECORDS

This section is for recording the Ostomy Visitor's patient visitations.

E. VISITOR COORDINATOR NOTES

This section is for recording notes from the Ostomy Visitor Coordinator.

F. VOLUNTEER DECLARATION

What is the purpose of the signature? "This section is to provide consent to submit information to the Ostomy Visitor Program."

Visitor's Signature:

Date:

Coordinator's Signature:

Date:

The Visitor Coordinator it is expected to maintain complete and current records for every local certified visitor. The Visitor Coordinator will protect the confidentiality of the private information collected within this document.

Submit this form via email to: info1@ostomycanada.ca.

Visit us online at ostomycanada.ca or call toll-free at 1-888-969-9698.

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