



Pertubuhan Hospis Klang

Hospice Klang

PT140457, Persiaran Delima / KS 09

Kota Bayu Emas, 41200 Klang, Selangor

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Website: www.hospiceklang.org

Date _____

Name _____ & Family,

You have been referred by your doctor to our **"Home care"** service. We hope that **your doctor have discussed with you and your family about the services** that HOSPICE KLANG provides.

HOSPICE KLANG is set up to provide "palliative care" for **patients with advanced cancer** in the Klang community. We are a charitable, non-governmental organization, not affiliated to any political, religious or health establishment. **Our home care service provides palliative home care** for patients suffering from advanced cancer. Our service is limited to people living in the Klang area.

You will be visited at home and care will be provided by members of our **home care team**. The team is comprised of full time nurses and resident doctor. Patients are usually visited weekly or fortnightly. Very sick patients are visited more often.

Services provided:

- Management of physical symptoms
- Nursing care & **Teaching care-givers to provide care for the patient at home**
- Counseling to the patient and family
- Loan of medical equipment based on patient's needs (***assess by our nurses/doctor**)

The criteria for acceptance to our service are based on the diagnosis of cancer and the need for palliative medical care. Due to lack of resources, we are **NOT able to accept cases based primarily on the need for nursing care or equipment.**

Our services are provided free.

The service is provided daily between 8.30 to 5.00 pm., Monday to Friday,
(*medications and medical supplies **may also be provided if available**)

We hope we will be of service.

Hospice Klang