

Fargo Ostomy Support Group – Visitors Program

The visitation program offers one-on-one support by a trained, certified visitor.

The visitor serves as a positive role model for the new patient, and gives the patient encouragement to resume an active lifestyle.

A visitor can meet the patient in the hospital or at home. Telephone visits are also offered as a first contact and can often answer many questions.

For a visitor, or for more information, please **Contact** us fargoostomy@gmail.com.

REQUEST FOR IN-HOSPITAL VISITOR

For visitations before or after surgery by a Certified Visitor, consult with your physician. Authorization will require your signature. Please print out this page and mail it to the address below. This is in compliance with privacy (HIPPA) regulations.

Signature	
Name (Print)	
Date	

Mail/email this release form to:

Fargo Ostomy Support Group
C/O – 1123 4th St. N Fargo, ND 58102
email: fargoostomy@gmail.com / Call: 701-730-0367



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Information Form (Optional):

Name		Date
Phone		
Email Address		
Spouse		
Type of Ostomy	<input type="checkbox"/> COLOSTOMY <input type="checkbox"/> ILEOSTOMY <input type="checkbox"/> UROSTOMY	
Do you want an Ostomy Visitor to come visit you at home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to receive additional information from the Ostomy Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you want to be contacted?	<input type="checkbox"/> email _____ <input type="checkbox"/> phone call _____ <input type="checkbox"/> Visit home/hospital _____	
How did you hear about us?		
Date of Surgery		
Surgery Hospital:		
Local Surgeon: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgeon's Name:	
Would you like to have another ostomate continue to mentor with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we share your information with another ostomate mentor/visitor		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Your information will be shared with the officers of the local affiliated Support Group for visitation records only – it will not be shared without your permission. If you do not wish your information to be shared with others and do not require or request a visitor/mentor follow-up – please indicate below:

