1. USER INFORMATION:
Title (Mr/Mrs/Dr/Prof): ___________________
First Name: ___________________  Last Name: ___________________
Name of Organization: ___________________  Position: ___________________
Address: _____________________________________________________________
City: ___________________    Prov/State: _______    Country: ______________
Email address: _________________________________________________________

2. INTENDED USE OF ECS-CP: Please check all areas in which the tool will be used

<table>
<thead>
<tr>
<th>Clinical:</th>
<th>What region will the tool be used in?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care (PC)</td>
<td>Local □  Provincial/State □  National □</td>
</tr>
<tr>
<td>Non Palliative Care</td>
<td>International □  Urban □  Rural □</td>
</tr>
</tbody>
</table>

Who will use the tool:
- Physician □
- Clinical Nurse □
- Other (specify): ___________________

Type of Service:
- Acute Care □  Hospital □
- Long Term Care □
- Inpatient PC unit □
- Oncology □
- Home □
- Outpatient Clinic □
- Inpatient Hospice □
- Other (specify): ___________________

3. TRANSLATIONS: Do you wish to translate the tool into another language?
- No □
- Yes, Language: ___________________
- Already Translated, Language: ___________________

The ECS-CP is freely available for use, with appropriate acknowledgement of its source.
For full list of citations please see: http://www.palliative.org/newpc/professionals/tools/ecs_cp.html

Please send queries / completed form to:
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The ECS-CP in its current form and name may not be modified without the prior consent of the authors.