Health PEI

Referral Form: Immunization & TB Testing

For use by Health Care Providers

Name: _____ Provincial Health Number: _____

DOB (yyyy-mm-dd):_____ Address: _____

Phone: _____ Family doctor/nurse practitioner: _____

IMMUNIZATIONS REQUESTED

- ☐ Haemophilus Influenzae type B (Hib)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Human Papilloma Virus (HPV)
- ☐ Meningococcal
- ☐ Polio
- ☐ Pneumococcal

☐ Please assess this patient for all necessary adult immunizations

Please refer to the detailed PEI Adult Immunization Schedule available at princeedwardisland.ca for eligibility of the above vaccines.

IMMUNIZATION HISTORY

Has the client received **any** vaccines through your office/clinic previously? Please indicate below:

Vaccine:_____ Date Given: _____
Vaccine:_____ Date Given: _____
Vaccine:_____ Date Given: _____

☐ Not Applicable

RELEVANT CLINICAL INFORMATION

Relevant clinical information must be provided, for example:

- ☐ Splenic disorders
- ☐ Solid organ transplant
- ☐ Cochlear implant
- ☐ HIV
- ☐ Hematopoietic stem cell transplant
- ☐ Immunocompromising therapy
- ☐ Other:_____

Please indicate if this referral is time sensitive (e.g. surgery is booked, starting disease modifying agent) and specify time frame:_____

TB TESTING

Please indicate all that are applicable:

☐ Diagnosis of Medical Condition ☐ Pre-Medication Initiation

Please complete ALL details below and indicate the best way to reachyou should we need to consult further on this request.

- ☐ **Email** _____
- ☐ **Phone** _____
- ☐ **Fax** _____

Worksite/Location: _____
Date of Request: _____

Providers Name (print): _____ **Signature:** _____
HCP Designation: _____

Please Fax Completed Form to Health PEI Public Health Nursing

Health PEI Public Health Nursing (PHN)	Fax	Phone
O'Leary PHN	902-859-0399	902-859-8720
Summerside PHN	902-888-8153	902-888-8160
Charlottetown PHN	902-368-6128	902-368-5939
Montague PHN	902-838-0803	902-838-0762
Souris PHN	902-687-7048	902-687-7049

Please note: Health PEI Public Health Nursing does not provide travel immunization. Travelers are encouraged to go to a travel clinic for comprehensive travel medicine advice including immunization.

Name:_____PHN: _____

For Public Health Nursing Use:

Public Health Nursing Comments and Follow-Up

Immunizations provided and planned follow-up:

_____
_____
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Date_____**Name**_____**Signature:**
_____**(Please Print)**

Faxed to:_____**Date:**_____