

Ambulatory Care Referral Form

Ambulatory Care Hours of Operation & Contact Information on reverse side of form.
Please complete this form - incomplete referrals will be returned.

NAME:

DOB:

MRN:

PRIMARY
PHONE:

ALTERNATE
PHONE:

NAME OF PARENT/LEGAL GUARDIAN:
(For children less than 17 years old)

- | | | |
|---------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Community Hospital | Prince County Hospital | |
| <input type="checkbox"/> Kings County Memorial Hospital | <input type="checkbox"/> Nursing Suite | <input type="checkbox"/> Surgical Clinic |
| <input type="checkbox"/> Western Hospital | Queen Elizabeth Hospital | |
| <input type="checkbox"/> Souris Hospital | <input type="checkbox"/> Same Day Treatment | <input type="checkbox"/> Pediatric Ambulatory Care |

Allergies:

Code Status:

WCB: ☐ Yes ☐ No

Isolation Status: ☐ MRSA ☐ VRE ☐ ESBL ☐ Other

Reason for Referral/Diagnosis:

Orders (See attached order set ☐ Yes ☐ No):

Patient to be Reassessed (by whom, when, where):

Referring Nurse Practitioner/Physician:

Nurse Practitioner/Family Physician:

Nurse Practitioner/Physician Signature

Date (yyyy/MMM/dd)

NP/Physician Phone Number

NP/Physician Fax Number

Required - Covering NP/Physician Name and Contact: _____

If not available during appointment, you must assign another physician or nurse practitioner to be available for staff to contact for any patient concerns. Indicate name of covering physician and contact numbers.

Referral Process

Patients will be contacted by staff for an appointment and may require additional information.

For patients requiring urgent care, call the department directly to discuss access to an appointment for the patient.

Patients coming from Long Term Care need to have a transfer form and a copy of the current medication administration record (MAR)

Documentation for Blood Product Administration

All orders for Blood Products must be accompanied by a signed consent and crossmatch.

Ambulatory Care Hours of Operation & Contact Information**Community Hospital**

Monday to Friday 07:30-15:30

(If you require urgent after hour services,
call Western Hospital

Emergency Department 902-853-3310)

Phone: 902-859-0003

Fax: 902-859-8778

Kings County Memorial Hospital

Monday to Friday 07:00-15:00

(Weekend Coverage or Emergency Department -
Support as needed)

Phone: 902-838-0169

Fax: 902-361-1267

Queen Elizabeth Hospital**Adult Same Day Treatment (greater than 17 years)**

Monday to Friday 0745-1930

Saturday & Sunday 0730-1530

Phone: 902-894-2481 or 902-894-2460

Fax: 902-894-2201

Pediatric Day Unit (17 years old and less)

Call regarding hours of operation

Phone: 902-894-0135

Fax: 902-894-2461

Prince County Hospital**Nursing Care Suite**

Monday to Sunday 0800-1600

Phone # 902-438-4240

Fax # 902-438-4241

Surgical Clinic

Monday to Friday 0800-1600

Phone # 902-432-2541

Fax # 902-438-4190

Western Hospital

Sunday to Saturday

07:30-15:30

(If you require urgent after hour
services, call Western Hospital

Emergency Department 902-853-
3310)

Phone: 902-853-3365

Fax: 902-853-0253

Souris Hospital

Monday - Wednesday - Friday

0800-1600

Phone 902-687-7150

Fax 902-687-7161