

**Provincial Nurse Specialized in Wound, Ostomy,  
Continenence Referral Form**

<b>NAME:</b>
<b>DOB:</b>
<b>MRN:</b>
<b>PRIMARY PHONE:</b>
<b>ALTERNATE PHONE:</b>
<b>PRIMARY CARE PROVIDER:</b>

<input type="checkbox"/> Prince County Hospital Phone: 902-438-4240 Fax: 902-438-4241  <input type="checkbox"/> Queen Elizabeth Hospital Phone: 902-894-0036 Fax: 902-620-3901	<input type="checkbox"/> Home Care East Montague Phone: 902-838-0786 Fax: 902-838-0774 Souris Phone: 902-687-7096 Fax: 902-687-7048
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**Wound (etiology, history, treatment):**

**Ostomy (type, concern):**

**Continenence (intermittent self-catherization, urethral dilation):**

**Patient History (medication, significant history, etc.):**

**Referring Nurse Practitioner/Physician Name:**

Nurse Practitioner/Physician Signature	Date (yyyy/MMM/dd)
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NP/Physician Phone Number	NP/Physician Fax Number