North End
COMMUNITY
HEALTH CENTRE
MOSH

MOSH NURSE REFERRAL FORM

MOSH FAX: 902.422.0859 - Please fax the information outlined below and include collateral information available, such as:

- ☐ A copy of discharge summary; copies of any pertinent lab work; and any known referrals and appointments
- ☐ Is patient aware of this referral?

Name of Patient

_____

Other names they may go by

_____

Brief physical description

_____

_____

Permanent address if any

_____

_____

Phone (If any) Family Doctor

_____

Place where patient is staying, eats or hangs out

_____

_____

Is the individual comfortable being approached in these settings? Yes ☐ No ☐

Course of treatment, concerns, and information that you would like followed by MOSH nurses

_____

_____

Name & contact info of referral source

_____

_____

We may not be successful if achieving the purpose of this referral, would you like to be made aware? Yes ☐ No ☐

MOSH Receptionist: 902.429.5290 | MOSH Nurse: 902.802.3332 | Fax: 902.422.0859
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