northern health
the northern way of caring

Facility

PHYSICIAN REFERRAL / ORDERS

ADDRESSOGRAPH/LABEL

SURNAME	PERSONAL CARE NUMBER	DIRECT CARE NUMBER
GIVEN NAMES	BIRTHDATE (YYYY/MM/DD)	
ADDRESS		TELEPHONE NUMBER
		POSTAL CODE
NEXT OF KIN		CONTACT NUMBER
PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS	
OPERATION (related to primary diagnosis)		
REFERRING PHYSICIAN	OTHER PHYSICIAN(S) INVOLVED IN FOLLOW UP	
HOSPITAL NAME	WARD	DATE OF PROJECTED DISCHARGE

PERTINENT PATIENT HISTORY

HOSPITAL NAME / PHYSICIAN'S ORDERS / REQUEST

- ☐ HOME NURSING CARE
- ☐ HEALTH SERVICES FOR COMMUNITY LIVING
- ☐ COMMUNITY PHYSIOTHERAPIST
- ☐ OCCUPATIONAL THERAPY

PHYSICIAN'S SIGNATURE	DATE	TELEPHONE NUMBER