



Name: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Previous names (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

DOB (yyyy-mm-dd): \_\_\_\_\_

Place client lived as a child (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor/nurse practitioner: \_\_\_\_\_

### IMMUNIZATIONS REQUESTED

Refer to the [PEI Adult Immunization Schedule](#) or [PEI Childhood Immunization Schedule](#) for information on publicly funded vaccines.

☐ Request Public Health Nursing complete assessment for all necessary immunizations

**OR** indicate vaccine being requested below:

☐ Haemophilus Influenzae type B (Hib)

☐ Measles, Mumps, Rubella

☐ Tdap

☐ Meningococcal

☐ Varicella

☐ Hepatitis A

☐ Mpox

☐ Other \_\_\_\_\_

☐ Hepatitis B

☐ Polio

☐ Human Papilloma Virus (HPV)

☐ Pneumococcal

☐ Herpes Zoster (HZ)

☐ Respiratory Syncytial Virus (RSV)

### IMMUNIZATION HISTORY

Has the client received **any** vaccines through your office/clinic previously? Please indicate below (*use back of sheet if more space is needed*):

Vaccine: \_\_\_\_\_ Date Given: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Date Given: \_\_\_\_\_

☐ Not Applicable

### RELEVANT CLINICAL INFORMATION

Relevant clinical information must be provided:

☐ Splenic disorders

☐ HIV

☐ Solid organ transplant

☐ Hematopoietic stem cell transplant

☐ Cochlear implant

☐ 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 REQUESTED

☐ Diagnosis of Medical Condition

☐ Pre-Medication Initiation

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

☐ Email \_\_\_\_\_

Worksite/Location: \_\_\_\_\_

☐ Phone \_\_\_\_\_

Date of Request: \_\_\_\_\_

☐ Fax \_\_\_\_\_

Providers Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

HCP Designation: \_\_\_\_\_

## **Please Fax Completed Form to Health PEI Public Health Nursing**

<b>Health PEI Public Health Nursing (PHN)</b>	<b>Fax</b>	<b>Phone</b>
O'Leary PHN	902-859-0399	902-859-8720
Summerside PHN	902-888-8153	902-888-8160
Charlottetown PHN	902-368-4497	902-368-4530
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.