

Name: _____

Provincial Health Number: _____

DOB (yyyy-mm-dd): _____

Address: _____

Phone: _____

Family doctor/nurse practitioner: _____

IMMUNIZATIONS REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Haemophilus Influenzae type B (Hib) | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal conjugate -13 (Prennar) |
| <input type="checkbox"/> Human Papilloma Virus (HPV) | <input type="checkbox"/> Pneumococcal polysaccharide -23 (Pneumovax) |
|
 | |
| <input type="checkbox"/> Please assess this patient for all necessary adult immunizations | |

Please refer to the detailed [PEI Adult Immunization Schedule](http://princeedwardisland.ca) available at princeedwardisland.ca for eligibility of the above vaccines.

IMMUNIZATION HISTORY

Has the client received these immunizations or other immunizations through your office/clinic previously?

Please indicate below:

- Not Applicable

Vaccine: _____ Date Given: _____

Vaccine: _____ Date Given: _____

Vaccine: _____ Date Given: _____

RELEVANT CLINICAL INFORMATION

Relevant clinical information must be provided, for example:

- | | |
|---|---|
| <input type="checkbox"/> Splenic disorders | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Solid Organ Transplant | <input type="checkbox"/> Hematopoietic stem cell transplant |
| <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Immunocompromising therapy: _____ |
| <input type="checkbox"/> Other: _____ | |

Please indicate if this referral is time sensitive (eg. surgery is booked, starting disease modifying agent) and specify time frame: _____

TB TESTING

Please indicate all that are applicable:

- Diagnosis of Medical Condition Pre-Medication Initiation

Should we need to consult with you on this request further, please indicate the best way to reach you:

Name (please print) _____

Signature _____

Date _____

Fax _____

Please Fax Completed Form to Health PEI Public Health Nursing

Health PEI Public Health Nursing (PHN)

O’Leary PHN

Summerside PHN

Charlottetown PHN

Montague PHN

Souris PHN

Fax

902-859-0399

902-888-8153

902-368-6128

902-838-0803

902-687-7048

Phone

902-859-8720

902-888-8160

902-368-5939

902-838-0762

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.

Name: _____ PHN: _____

For Public Health Nursing Use:

Public Health Nursing Comments and Follow-Up

Immunizations provided and planned follow-up:

Date _____ Name _____ Signature: _____

(Please Print)

Faxed to: _____ Date: _____