

MOSH referral form template

MOSH FAX: 902.429.8319 – 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.

Name of Patient

Other names they may go by

Brief physical description

Permanent address if any

Phone #

Family Doctor

Place where patient is staying, eats or hangs out

Is the individual comfortable being approached in these settings? Y N

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

Name & contact info of referral source
