

COVID-19 Fax Referral Form for Assessment Centre

To:	From:
Fax:	Date:
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Re:	CC:

Please find Primary Assessment Unit contact information at [NSHA's Corporate website](#). It is located under section re *Pathway for Ambulatory Care and Primary Care Referrals to Coronavirus Assessment Centres*.

Referring Physician: _____ PMB#: _____
 Patient Name: _____ Date of Birth (dd/mm/yyyy): _____
 Patient Substitute Decision Maker (if applicable): _____
 Preferred Patient Contact #: _____ Alternate Contact #: _____

Check the circles:

Must present with at least ONE (1) of the symptoms below:
<input type="radio"/> Measured temperature (at home or assessment centre) of greater than 38.0 oC.
<input type="radio"/> History of new or worsening cough.

Assess for the following Screening Risk Factors:
<input type="radio"/> Travel outside of Nova Scotia within the past 14 days. Location: _____
<input type="radio"/> Contact with known or suspected case (symptomatic person) within the past 14 days (includes a symptomatic person who has travelled outside Nova Scotia in the past 14 days).

Please note if patient is immune compromised* so clinic can make appropriate arrangements.

<input type="radio"/> Referral approved by Public Health	<input type="radio"/> Referral approved by Infectious Disease
<input type="radio"/> Urgent Peri-op patient (please indicate on STAT specimen)	<input type="radio"/> Referral approved by Occupational Health
<input type="radio"/> Referred by 811	<input type="radio"/> Referred by primary care provider

***Immune Suppression:** Any cancer, chemotherapy, /radiation therapy, any transplant (solid or hematologic), HIV/AIDS, immunosuppressive medication (eg. chronic steroid use >20mg/d (peds 2mg/kg/d), for > 2 weeks cytotoxic drugs, calcineurin inhibitors, biological response modifiers, antibodies that target lymphocytes) or history of immune suppression not otherwise specified

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