

Northern Neighbours
Nurse Practitioner-Led Clinic

For Referrals to the
NORTHERN NEIGHBOURS NURSE PRACTITIONER-LED CLINIC

Box 278, 102 Winnipeg St, White River, ON, P0M 3G0

Tel: 807-822-2320, Fax: 807-822-2686

Please Adhere Patient Label or Complete Below:

Surname: _____ Given Names: _____

Birth Date: (yyyy,mm,dd) _____

Health Card #: _____ Status Card # _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Gender: Male Female

Language(s): _____

Please complete for all clients with a legal guardian and for all children less than 16 years of age:

Primary Guardian: _____ Relationship: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Alternate Guardian: _____ Relationship: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Allergies: _____

Reason for Referral: _____

Medical Conditions/Health History: _____

Medications: _____

Referring Individual: _____ Phone Number: _____

Agency: _____

Signature: _____ Date: _____