Health PEI
One Island Health System

Patient label/information here:
Name:
DOB:
MRN:
Phone:

COVID-19 Clinic Referral Form

*Note: Referral is for **symptomatic** patients only. Patients 2 years of age or younger with respiratory symptoms, or severely ill patients are to be sent to the emergency department at the QEH or PCH*

Referring Health Provider: ____________________________
Primary Care Provider (if different): ____________________
Health Provider phone/fax: ______________________/______________

Patient Symptoms (briefly, or check boxes):

Cough	Sputum	SOB	Fever/chills/sweats
Runny nose	Sore throat	Chest pain	Fatigue
Sore muscles	Vomiting	Diarrhea	Dizziness
Rash	Loss of taste/smell	Headache	Other

Any recent travel or contacts with recent travelers (who, where, and date of return):

Reason for referral (check one):

[ ] – patient requires swab only (for symptomatic patients only)

[ ] – patient requires swab only and I can see them in office once negative

[ ] – patient requires swab **and** assessment by Cough and Fever Clinic

Please email completed forms to: coughandfeverclinic@gov.pe.ca