



Collingwood General & Marine Hospital
459 Hume Street
Collingwood, ONL9Y 1W9
Phone: 705-445-2550

EMERGENCY DEPARTMENT TELEPHONE REFERRAL RECORD

Date: _____ Time: _____

Patient's Name: _____ Age: _____ Sex: M F

Referring Physician: _____

Reason for Referral: _____

Past History: _____

Meds: _____

Allergies: _____

Vital Signs (if available): Temp: _____ HR: _____ BP: _____ RR: _____

Mode of Transport: Ambulance Family Member Self Other _____

DNR: YES NO UNKNOWN

Call Taken By: _____ RN MD
(Print and Sign)

Orders Written: YES NO

Please Give this Sheet to Charge Nurse
along with any orders written on pink Physician's Order Sheet