Kimberly Peters RN
Consultant, Health System Navigator
Encompass Nursing Services
Bus (250) 770-8999
Fax (236) 500-0050
encompassnursing.ca

Client Referral

Date _____

Client Information

Name _____

Date of Birth _____

Phone _____

Primary family contact _____

Brief reason for referral

- ☐ Hospital to home transition
- ☐ System navigation
- ☐ LTC case management
- ☐ Home nursing support
- ☐ Other:

_____

_____

Consent

- ☐ Client agrees to referral
- ☐ Client is aware the service is private pay

Please attach patient profile to this referral.

Family Physician/NP _____

Fax this referral form and patient profile to **(236) 500-0050**.