

TITLE ON FORM	VERSION / IDENTIFICATION (if applicable)	ADDITIONAL INFORMATION (if available)
TASK TEMPLATES		
*Administration of Blood or Blood Products Consent Form - Eastern Health (NL)	ch-0044 2013/11	
*Authorization for Disclosure of Immunization Records - Central Health (NL)	Form-PHI-026 Revised June 2019	CH
*Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) - Eastern Health (NL)	ch-1294 2015/11	EH Medicine Program
*Booking Form: Electrophysiology - Cardiac/Critical Care Program (EH)	ch-1119 2016/01	Cardiac/Critical Care Program
*Booking Form: Endoscopy - Western Health (NL)	900-604 Revised 12/2019	WH
*Booking Form: Obstetrical Procedure - Eastern Health (NL)	ch-1565 2017/02	EH - Child/Women's Health Program
*Consent for Administration of Blood Components and/or Blood Products - Central Health (NL)	CH-598	CH - Form 598 in NLLABCONF and very blurry logo/spacing
*End of Life Order Set Adult-Community Care Sites - Eastern Health (NL)	ch-2276 2022/05	
*Form: Initial Insulin Pump Assessment	ch-1228 2013/11	EH Diabetes Education Program
*Form: Insulin Pump Follow Up - Eastern Health (NL)	ch-1205 2013/11	EH Diabetes Education Program
*Form: Insulin Pump Follow Up - Eastern Health (NL)		No Observation Template
*Form: Labour and Delivery Insulin Pump Recommendation - Eastern Health (NL)	ch-0888 2013/05	EH - Diabetes Education Centre
*Form: Physician's Summary Report (Part I) - Eastern Health (NL)	ch-0891 2015/01	EH - Diabetes Education Centre
*Mother Baby Nutrition Supplement - Eastern Health (NL)	14-1137	Mother Baby Nutrition Supplement (NL)
*NLHC Rental Application	FCN11,001	NLHC Rental Application (NL)
*Parking Permit - Blue Zone Parking, Service NL (NL)	MRD_2018-01	
*Refusal of Treatment with Blood Components and/or Blood - Central Health (NL)	Form 599	CH - no logo but Central Health in text in body
*Student Health Certificate - Memorial University (NL)		Memorial University of NL
*TRS: Hormones - MTF (NL)		
*TRS: Informed Consent for Feminizing Medications (NL)		
Advance Care Planning (ACP) Order Form ch-1280	ch-1280 2019/08	EH Community Support Program
AES Direct Deposit Request		
Application for Dispute Resolution	RT-2018-00053	Application for Dispute Resolution Residential Tenancies Act (NL)
Authorization of Disclosure of Personal Information - Central Health	FRM-PHI004 September 2016	Authorization of Disclosure of Personal Information (CH)
BPSD LTC Letter		BPSD LTC Letter (EH)
C.DHT Legal Insurance Invoice		Blank Patient Invoice for Patient Pays Items
C.DHT Patient Invoice		Blank Patient Invoice for Patient Pays Items
Centre of Hope Intake Form: Footcare Clinic		
Certificate of Involuntary Admission	MHCTA-01	Certificate of Involuntary Admission (NL)
CH DCP Assessment Report		Diabetes Summary on CH letterhead
CH DCP Travel Letter		Diabetes Letter for Supplies while Travelling on CH Letterhead
Client / Site Risk Assessment	Updated to 2021 version.	*Client / Site Risk Assessment - EH (NL) but not a provincial form.
Consent for Photographs Films and Sound Recordings	ch-0254 2015/01	EH
Consent for Release Request of PHI	ch-0017 2010/11	
DHC Application for Accomodation - Non-Profit Housing	Revised Feb 2015	
DHC CM Rental Agreement		
DHC Go Bus Application		
Doorways - Pre-session Questionnaire	ch-1619 2017/02	
Dupixent Enrollment Form		
E.MTS.Rescheduled Appointment		
Family Care Team Medication Reconciliation - Central Zone		NL Health Services / CH version
Foot Care Consent Form		Foot Care Consent Form (EH + partners)
Foreign Residents Agreement	ch-0264 2014/03	
Functional Assessment Form (Part I) v2	ch-0855 2018/02	
Governing Law and Jurisdiction	ch-0501 2013/10	Governing Law and Jurisdiction (EH)
Inter-Site Equipment Transfer Record		Inter-Site Equipment Transfer Record (EH)
Janeway-History and Physical Dental Clinic	ch-0364 2013/03	Janeway-History and Physical Dental Clinic (EH)
Lawton-Brody IADL and Physical Self-Maintenance Scale	ch-2217 20/03	EH Physiotherapy Form
LG Animal Incident Report		LGH
LG Apenam's House Medical Assessment Form		Innu Nation
LG CJA Youth Treatment Center Medical Assessment Form		Innu Nation
LG CMH Cataract Surgery OR Booking Form		LGH

LG CMH OR Booking Form		LGH
LG CMH Surgeon's OR Booking Form		LGH
LG Doorways Pre-Session Form	LGH #255	LGH
LG Eye Clinic Investigations Check List, Ophthalmology,		LGH
LG Influenza Immunization Consent Form	2018-19	*NL form but with LG checked in
LG LW IOC / Rio Tinto Medical Certificate Form		LGH
LG LW Pre-Natal Urinalysis		LG but no logos or form #s
LG Non-Medical Escort Form		NHIB
LG OR Booking Form		LGH
LG OR Booking Form (LHC)		LGH
LG Patient Data Transfer Record	Revised December 2019	EMS services LG
LG Point of Care Test Report		LGH
LG Print Drug Label (Community Clinics)		LGH
LG Referral Eye Clinic CMH		CMH Referral Eye Clinic (LGH)
Limits of Confidentiality	ch-0262	Limits of Confidentiality (EH)
Lucentis Registration and Consent		Viaopta Forsight Reimbursement Assistance Program (1st Dose)
MCP Application for Health Care Coverage (NL)	Revised April 29, 2022	MCP Application for Health Care Coverage (NL)
MCP Card Replacement		MCP Card Replacement (NL)
Medical Assistance in Dying (NL/EH)		EH - Not the Provincial Form on HCS website
Medication Therapy Services Consent		
MTS Consent for Distance	V. Feb 20/2019	MTS Consent for Distance (?NL)
MTS Consent Form		MTS Consent Form (?NL)
Nav Canada Sick Note		Nav Canada Sick Leave Certificate
Notifiable Disease Notification		Notifiable Disease Notification (NL)
OMSC QUIT PLAN		Ottawa Model Quit Plan Consult March 2022 v3
OMT Patient Agreement		Opioid Management Treatment (EH but no logos or form #s)
Opioid Treatment Centre Medical Form		Opioid Treatment Centre Medical Form
Otezla Enrollment Form		
Point of Care COVID-19 Result Report (NL)	D0042Jan2	
PT Lower Extremity Functional Scale (LFSE) (EH)	ch-0624 2018/02	EH
PT Oswestry Disability Questionnaire (EH)	ch-1706 2018/02	EH
PT Roland-Morris Questionnaire (EH)	ch-0674 2018/02	EH
Red Cross Equipment Loan Referral		Red Cross Equipment Loan Referral (CA but NL office)
Remicade Enrollment Form		
RHC - Maternal Baby Supplement Letter)		
RHC Welcome Letter, Refugee Health Collaborative - Welcome Letter		
RHU Additional COVID Vaccination		*Pt is immunocompromised. Recommendation for additional dose
RHU Discharge Pending Patient Letter User add		EH letter
RHU Family Doctor Cancellation User add		EH letter
RHU FD Waitlist Letter User add		EH letter
RHU Patient Waitlist Letter User add		EH letter
RHU Request for Additional Information - Triage Assessment		EH letter
RHU Telehealth Appointment Notification		EH letter
SAP Equipment Order Form (Part B) DRAFT		SAP Equipment Order Form (Part B) (EH)
SAP Equipment Order Form Part A	2133 2020/04	SAP Equipment Order Form (Part A) (EH)
SAP Health Supplies Order Form	ch-1454 2016/08	SAP Health Supplies Order Form (EH)
SAP Health Supplies Order Form - CH		SAP Equipment Order Form on Central Integrated Health Authority head
SAP-3 Wheelchair Prescription Form		SAP-3 Wheelchair Prescription Form (EH)
Single Session Recording Part II	ch-1618 2018/08	
Social Enterprise & Employment Referral		Stellas Circle Social Enterprise & Employment Referral
Stelara Enrollment Form		
Stellas Circle Information Consent External		Stellas Circle Information Consent External
Stellas Circle Information Consent Internal		Stellas Circle Information Consent Internal
Telehealth Request for Appointment (NL)	R0018 Jun 19	Telehealth Request for Appointment (NL)
TGP Consent Form A		
TGP Consent Form A		
TGP Member Registration		TGP Member Regsitation (EH)

*Verification of Medical Eligibility - NL Insulin Pump Program (NL)	D0022JAN22	NL
*ViaOpta ForSight Reimbursement Assistance Program (CA) (3 in 1)		ViaOpta (CA)
*ViaOpta ForSight Reimbursement Assistance Program (NL)		ViaOpta (NL)
*Well Woman Screening Guide - Western Health (NL)	W-OPD-014	WH
*Wound Assessment Record - Western Health (NL)	12-195 (WH)	WH - blank 2nd Page
BON 1201 Physicians Report	ch-1201 2013-03	Diabetes Education Program
Bon DC No Show		Bonavista only
DHC Application for Rental North View Appt		North View
DHC community volunteer income tax program	TIS60E (15)	Revenue Canada
DHC Social Enterprise Employment Referral x 2 (one named Stella's Circle)		Stella's Circle
E.RHC.Welcome v2		full consent form
EH Discharge Summary	ch-0126 2015/06	EH
LG Administration of Blood or Blood Products Consent Form		LGH
LG AES Form		LGH Travel Letter
NHCC Referral form	March 2014	Salvation Army/Centre of Hope Referral Form
NLPDP Dental Application		NLPDP
Patient Orders	ch-2069 2006/02	EH
PROMIS Global-10 Score obs		Template with score card
Promis Health		Score card template
Seasonal Influenza Immunization Consent		4 RHAs pre-selected to EH
Stellas Circle Withdrawing Consent for Information Sharing Internal	Feb 5, 2016	Stella's Circle
TGP CM - Academic Services at the Murphy Centre		The Murphy Centre
TGP CM - Consent Form B		The Gathering Place
TGP CM - Tenant Notice to Terminate		NL Residential Tenancy Act
TGP CM - Tenants Notice to Terminate - Special Circumstances		NL Residential Tenancy Act
TGP CM - Tenants Notice to Terminate Early		NL Residential Tenancy Act
Advanced Health Care Directive (NL)		3 pages only - pt signing section
Consult:Home Safety Risk Assessment Form (CH)		CH
Forest Road Developmental Clinic Assessment Referral		Ross Centre @ Miller Centre, Memorial Univerity 6 pages
Invitae NipsRequisition Form	TRF944-5	Invitae Prenatal Screening (USA)
MHA Consent To Disclose/Obtain Information - Western Health (NL)	12-475	WH
MHA Consultation - Western Health (NL)		WH
MHA Flexible Assertive Community Treatment (FACT) Individual Safety Plan (NL)	D0011OCT20	NL
MHA Flexible Assertive Community Treatment (FACT) Individual Treatment Plan (NL)	D0010OCT20	NL
MHA Program Client Profile Supportive Board & Lodging - Western Health (NL)		WH
MHA Request for Financial Assessment Approval - Mental Health and Addictions Program (WH)		WH
MHA Request for Financial Assessment Approval: Home Support/Residential Service/Long Term Care/SAP/SAEP	Community Support Program (WH)	WH
MHA Services Intake Consultation - Western Health (NL)	Nov 2010	WH
MHA Staff Safety Risk Assessment Tool Safety Plan - Western Health (NL)	Form # 12-1205	WH
Otezla Enrollment Form		
Prothrombin Complex Concentrates (NL)	D0034AUG22	
Asthma Action Plan - 6-18 Years		Call HealthLink BC
Asthma Action Plan - Under 6 years		Call HealthLink BC
Asthma Handout - BC Children's Hospital	BCCH 1108 2017	BC Children's Hospital
BCCH Migraine Handout		BC Children's Hospital
Eczema Action Plan	PE1309 1017	Seattle Children's Hospital
Parent Questionnaire		Children With School Problems 2012, Canadian Pediatric Society
Understanding ADHD		American Academy of Pediatrics 599 Copyright 2007
Mental Health and Addictions triage		CH
Long Term Care Medical		Generic Medical Assessment Form for Admission to LTC