



**Public Health**  
Prevent. Promote. Protect.

Department of: HEALTH

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# Board of Chosen Freeholders County of Burlington New Jersey



Physical Address:  
15 Pioneer Boulevard  
Westampton, NJ 08060

Mailing Address:  
49 Rancocas Road  
P.O. Box 6000  
Mount Holly, NJ 08060-6000

MNS Triage Form			
Contact Information	Caregiver Information		
Date: _____ Time: _____	Location: _____		
Name: _____	Caregiver Name: _____		
Street Address: _____	Street Address: _____		
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____		
Age: _____ Sex: _____	Phone: _____ Cell: _____		
Allergies			
Medication: _____	Epi-Pen?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Food: _____			
Acute Illness			
Are you having chest pain or shortness of breath now?	No↓	Yes→	Call 911
Do you require ventilator support?	No↓	Yes→	Hospital or Nursing Home
Medical Condition			
Do you have an open wound requiring dressing changes?	No↓	Yes→	MNS/ MNS appointment
Are you on tube feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please circle) Intermittent or Continuous	No↓	Yes→	MNS
Pump Type: _____ Gravity: _____			
Do you have a central line, PICC line, Midline, or tracheostomy?	No↓	Yes→	MNS
Do you need daily IV medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	No↓	Yes→	MNS
Type: _____			
Do you require bladder catheterization or other special medical equipment?	No↓	Yes→	MNS/ MNS Appointment
Do you have seizures that are not under control?	No↓	Yes→	MNS
Are you currently undergoing treatment that might cause you to have a suppressed immune system? (due to organ transplant, leukemia, current chemotherapy or radiation therapy, other)	No↓	Yes→	MNS
If you are pregnant, is your pregnancy high risk? (pregnant plus serious medical condition, or risk of loss of pregnancy or premature delivery) # weeks gestation: _____	No↓	Yes→	MNS
Do you receive home health nursing or hospice services?	No↓	Yes→	MNS

