

BRANT/BRANTFORD COMMUNITY PARAMEDIC PROGRAM



355 Henry Street, Brantford, ON. Phone 1-877-641-9877, Fax 519-753-3525

Is this patient on the LTC waitlist: Yes ☐ No ☐ Unknown ☐

Patient Information:

Date: _____

Patient Name: _____ D.O.B.: _____

Patient Address: _____

Phone #: _____ Health Card #: _____

*****REFERRAL CRITERIA***** Patient with an unmanaged history of or new diagnosis of CHF, COPD, Atrial Fibrillation, severe unstable blood pressure, unstable cardiac conditions, or *diabetic sensor changes. **Or other serious condition deemed appropriate by physician. *if diabetic requires education please refer to education center.**

Reason for referral:

Medical HX:

Considerations:

☐ Infectious Disease _____ ☐ Unkept residence _____
☐ Behaviour _____ ☐ Other _____

Contact Person & Phone # (if different from patient):

Primary Care Provider (if different from referring partner):

Name: _____ Phone: _____ Fax: _____

Referring Partner:

Name: _____ Agency: _____

Phone: _____ Ext: _____ Fax Number: _____

Signature: _____

Providers: Please complete associated Procedure Order Form and/or requisition should you request the Community Paramedic to perform specific treatments for your patient. Note some are delegated and can only be requested by a physician/NP.