

# 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:

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

## Date:

Consent? Yes No

Reason for referral:

Medical HX:

Considerations:

Infectious Disease \_\_\_\_\_  Unkept residence \_\_\_\_\_

Behaviour \_\_\_\_\_  Other \_\_\_\_\_

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

\_\_\_\_\_

Primary Care Provider:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Referring Person:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_