

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 a history of or new diagnosis of CHF, COPD, Diabetes, or *unstable cardiac or other condition requiring education/management with remote home monitoring and/or community paramedic care. ***unstable cardiac or other condition as determined by referring physician**

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 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.