

# BRANT/BRANTFORD COMMUNITY PARAMEDIC PROGRAM



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

## Patient Information

Date: \_\_\_\_\_

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

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

Patient Contact #: \_\_\_\_\_

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

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

## **Type of Order:**(Please check all that apply)(faxed report of completed treatments is sent to provider)

SC Injection  (Physician only)\*For all injections / vaccines please provide details below\*

IM Injection  (Physician only)

Vaccination  (Physician only)

Blood analysis  (Physician only) EPOC\* does not do INR \*\*\* point of care

Urinalysis  (Physician only) Clinitek Status+ Analyzer utilizing Multistix 10 SG \*\*\* point of care

Blood Analysis/Urinalysis Frequency: \_\_\_\_\_

12 Lead ECG  Frequency \_\_\_\_\_ (Physician only) \*\*\*

\*Dexcom/Libre Change  Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

**\*Patient must provide sensors** (Physician only)

Blood Glucose Monitoring  (Physician only) Frequency: \_\_\_\_\_

HbA1c point of care testing  (Physician only) Frequency: \_\_\_\_\_

Remote Home Monitoring

**\*\*\*Results of 12 lead, EPOC, HbA1c, urinalysis are faxed to physician for interpretation**

## **For all injections/vaccines: (patient must supply medication) except influenza**

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

Medication dose to be administered: \_\_\_\_\_

Medication Frequency: \_\_\_\_\_

Administration Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

## Ordering Physician / Provider:

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

Signature: \_\_\_\_\_

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

Return Fax Number (secure): \_\_\_\_\_