

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)

Remote Home Monitoring

***Results of 12 lead, EPOC, urinalysis will be 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): _____