

BRANT/BRANTFORD COMMUNITY PARAMEDIC PROGRAM



355 Henry Street, Brantford, ON. 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 ONE OR MORE OF:
*DIABETES, CHF, COPD that requires education and/or management (through discussion individual cases will also be considered that do not meet criteria, where there is a specific need/benefit – please call to discuss these clients)***

Reason for referral:

Medical HX:

- Considerations: Infectious Disease _____
 Unkept residence _____
 Behaviour _____
 Other _____

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

Primary Care Provider: _____

Primary Care Phone: _____ Fax: _____

Referring Agency:

Name: _____ Agency: _____

Phone: _____ Ext: _____

Referring Agency Return Fax Number (secure): _____