

# 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\*\*\* History of one or more of: CHF, COPD that requires education and/or management, or \*diabetic sensor change required (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) \*If diabetic requires education please refer to education center, sensor change requires physician order**

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): \_\_\_\_\_