

BRANT/BRANTFORD COMMUNITY PARAMEDIC PROGRAM



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

Wish Program Referral

bbpswishprogram@gmail.com

226-387-7842

Client Name: _____

Clients Date of Birth: _____

Clients Residing Address: _____

Clients Allergies: _____

Clients Diagnosis: _____

Clients Current life expectancy: _____

Physician or NP approval _____ Date _____

Contact person/ Organization: _____

Contacts Phone number: _____

Medical equipment or staff required: _____

Valid DNR: Yes No DNR Number: _____

Please attach copy of valid DNR

I acknowledge that any client that requires medications outside the paramedic scope of practice will require a certified escort to oversee the medication and equipment.

Client's Wish: _____

Location of Wish and contact, if known: _____

Community Paramedic use only - Please do not complete this section

Pick up: _____

Depart pick up: _____

Arrive destination: _____

Depart destination: _____

Arrive drop off: _____

Notes: _____

Paramedic: _____

Signature: _____

Date: _____