

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 Address: _____

Phone #: _____ Health Card #: _____

Note: Certain bloodtests may require specialized handling or time-sensitive procedures, which must be confirmed by Lifelabs for field collection. Should there be any complications Community Paramedics will contact the ordering physician.

Type of Order: *must be a registered client or meet referral criteria* (Please check all that apply)

Bloodwork (Homebound only - requires a requisition)

Urinalysis / Urine Culture (Homebound Only - requires a requisition)

12 Lead ECG

Dexcom/Libre Change Type: _____ Patient must provide sensors

Blood Glucose Monitoring

Please indicate the frequency of above procedures beside each one selected

SC/IM Injection ****Please provide details below***

****Current medications/vaccines we administer:** B6, B12, Ozempic, Prolia, Repatha (contact us if you are looking for something different) Influenza, COVID (fall surge only and if not a client they must be bedbound), Shingrix, Pneumovax (must be supplied and for clients only)

For all injections/vaccines: (patient must supply medication) (Influenza/COVID supplied)

Medication Name: _____

Medication dose to be administered: _____

Medication Frequency: _____

Administration Location / Type: _____ SC IM

Start Date: _____

End Date (if applicable): _____

Additional Comments:

Ordering Physician / NP:

Name: _____

Signature: _____

Phone: _____ Ext: _____

Return Fax Number (secure): _____

Note: Results of 12 lead and point of care urinalysis are faxed to the physician for interpretation. All bloodwork and lab urine analysis results will be sent to the ordering physician by lifelabs.