Community Paramedicine Programs Waterloo-Wellington

We are also on Ocean! Simply search for 'paramedic' and look for our logo.

Client Information

Client Name:		
Gender: ◯ Male ◯ Female ◯ Other:		DOB:
Health Card #:		VC:
Address:		City:
Phone #:	Alt. Phone #:	
CHRIS number:		
Emergency Contact:		Phone #:
Was Consent obtained for this referral? ◯ Yes ◯ No		
Has the patient participated in Advance Care Planning? ◯ Yes ◯ No		
Does this patient have a valid DNRc or EDITH plan? ◯ Yes ◯ No ***(If yes, please attach a copy)***		

DNR: Do Not Resuscitate – Requires a valid DNR Confirmation Form to be honoured. ***EDITH: Expected Death In the Home***

****Please attach a current medication record, medical history, as well as any relevant reports****

Care Provider Information

Does this client have a Primary Care Provider? ◯ Yes ◯ No	
Primary Care Provider Name:	
Phone #:	Fax #:
LHIN Care Coordinator:	Phone #:

Risk Factors – Please select any that may apply.

☐ Increased risk of falls (1 fall in 3 months)	☐ Social Isolation or Living Alone
☐ Multiple Co-morbidities (>3)	☐ Cognitive Impairment
☐ No Primary Care Provider	☐ Geographical Isolation
☐ No Mode of Transportation	☐ Mobility Compromise
☐ Polypharmacy Issues	☐ No Other Support Services
☐ Frequent 911 calls / ED visits	☐ Caregiver Strain
☐ Recent Discharge from Hospital	☐ Safety Concerns or Hoarding
☐ Financial Vulnerabilities	☐ Unstable or Precariously Housed
☐ Food Insecurity	☐ Other:

Referral Source Information

Name and Professional Designation:	
Organization:	
Date of Referral:	
Phone #:	Fax #:

Interaction Requested

☐ Vital Signs and Assessment	☐ Home Safety Scan
☐ ECG or 12-lead	☐ Falls Risk Assessment
☐ Wellness Check	☐ Hospital Discharge Follow-up
☐ Chronic Disease Education	☐ Medication Review/Education
☐ Remote Monitoring Enrollment	☐ Seasonal Flu Vaccine (Guelph-Wellington only)

Reason for Referral – What would you like the Community Paramedic to accomplish?

Please attach any relevant reports, recent medical history and medication records.

If the request is URGENT, or for consultation with the Community Paramedicine Team, please call the specific paramedic service

Referral destination should be based on patient's home address

Contact Information

Region of Waterloo Paramedic Services

Fax: 519-650-3855

Community Paramedicine Program
Office: (519) 575-4400 ext 5861
Email: communityparamedicine@regionofwaterloo.ca

Urgent Contact:
On Duty Mobile: 519-580-7268

Guelph-Wellington Paramedic Service

Fax: 519-840-2565 | 519-822-4632

Community Paramedicine Program
Office: (519) 822-1260 ext 3379
Email: communityparamedic@guelph.ca
💓 Also on Hypercare

Urgent Contact:
On Duty Mobile: 519-546-5970
On Call Lead: 1-866-637-5646