# Community Paramedicine Programs Waterloo-Wellington

***Client Information***

| | | |
|---|---|---|
| Client Name: | | |
| Gender: ☐ Male ☐ Female ☐ Other: | | DOB: |
| Health Card #: | | VC: |
| Address: | | City: |
| Phone #: | Alt. Phone #: | |
| Email: | | |
| Emergency Contact: | | Phone #: |
| Was Consent obtained for this referral? ☐ Yes ☐ No | | |
| Has the patient participated in Advanced Care Planning? ☐ Yes ☐ No | | |
| Does this patient have a valid DNR 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 to: 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 to: 519-840-2565**

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

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