



Community Paramedicine Programs Waterloo-Wellington



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

Client Information

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Care Provider Name:	
Phone #:	Fax #:
LHIN Care Coordinator:	Phone #:

Risk Factors – Please select any that may apply.

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

Referral Source Information

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

Interaction Requested

<input type="checkbox"/> Vital Signs and Assessment	<input type="checkbox"/> Home Safety Scan
<input type="checkbox"/> ECG or 12 Lead ECG	<input type="checkbox"/> Falls Risk Assessment
<input type="checkbox"/> Wellness Check	<input type="checkbox"/> Hospital Discharge Follow Up
<input type="checkbox"/> Chronic Disease Education	<input type="checkbox"/> Medication Review/Education
<input type="checkbox"/> Remote Monitoring Enrollment (See below)	<input type="checkbox"/> Seasonal Flu Vaccine (Guelph-Wellington only)

Remote Monitoring

Enrollment Eligibility	<input type="checkbox"/> New or worsening CHF
	<input type="checkbox"/> New or worsening COPD
	<input type="checkbox"/> Uncontrolled BP or HR with recent hospitalization

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 Contacts:

On-Duty Guelph and Area: 519-546-5970

On-Duty Rural Wellington: 226-821-5007

On-Call Lead: 1-866-637-5646