

High Intensity Support at Home Community Paramedic Referral Form



Client Information

Client Name:		Client #
Gender: ☐ Male ☐ Female ☐ Other:		DOB:
Health Card #:		VC:
Address: City:		Postal code
Phone #:	Alt. Phone #	
Email:		
Emergency Contact:		Phone #:
Has the patient participated in Advanced Care Planning? ☐ Yes ☐ No		
Does this patient have a valid DNR or EDITH plan? ☐ Yes ☐ No <i>(If yes, please attach a copy)</i>		

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 #:
Ontario Health at Home 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 or Burnout

☐ 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 #:

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

Typical Interactions Will Include:

☐ Vital Signs and Assessment	☐ Environmental Safety Scan
☐ Medication Compliance	☐ Welfare Checks
☐ Assessment of Social Connections	☐ Caregiver Support

Other Types of Interventions Available:

☐ ECG or 12-lead Acquisition	☐ Remote Patient Monitoring
☐ Hospital Discharge Follow Up	☐ Seasonal Influenza Vaccination

Client Interaction Summaries will be sent back after the initial visit, and only if any significant issues are found on subsequent visits, unless otherwise requested.

**Completed referral forms can be faxed to the Haldimand County
Community Paramedic Program @ 1-833-527-2365**



Contact Information

Haldimand County Paramedic Service

Community Paramedic Program

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