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 ***(If yes, please attach a copy)***		

DNR: Do Not Resuscitate – Requires a valid DNR Confirmation Form to be honored. ***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 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	○ Fall Risk Assessment (TUG Test)
○ 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
○ Welfare Checks	○ COVID Testing

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 Haldimand County Community Paramedics @ 365-446-0103

Office (905)-318-5932 x 6113 or Cell (905)-481-2510.

Contact Information
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