COMMUNITY PARAMEDICINE

Request for Service Form

Reset Form

IF REQUEST IS URGENT, PLEASE CALL 1-844-860-2778

1) PATIENT INFORMATION

Name: _____ Health Card Number: _____

Date of Birth: (YYYY/MM/DD) _____ Sex: □ Male □ Female □ X-Other

If this is a subsequent referral for an existing patient, and no information has changed, please complete sections 2,3,6,8, and 9

Address: _____ Municipality: _____ Postal Code: _____

Phone Number: _____ Primary Language: □ English □ French □ Other: _____

Co-habitants: □ Spouse □ Parent(s) □ Siblings □ Child(ren) □ Other: _____

Emergency Contact Name: _____ Best Contact Number: _____

Relationship to Patient: _____

Does the patient have a valid DNR? □ Yes □ No □ DNR attached or Location in the home: _____

Does the patient have a primary care provider? □ Yes □ No Phone Number: _____

If yes, name: _____ Fax Number: _____

2) REFERRAL SOURCE INFORMATION:

Name and Professional Designation/CPSO Number: _____

Organization: _____ Fax Number: _____

Office Number: _____ After Hours Number: _____

3) PATIENT CONSENT FOR REFERRAL

Does the patient consent to you referring them to the Community Paramedicine Program? □ Yes □ No

4) RISK FACTORS: PLEASE CHECK ALL THAT APPLY

□ Increased risk of falls (1 fall in the last 3 months)
□ Social Isolation
□ Mobility Compromised □ Wheelchair □ Walker □ Cane □ Other: _____
□ Geographical Isolation
□ Polypharmacy Issues
□ Medication Compliance Concerns
□ Financial Vulnerability
□ Waitlist for Long-term Care
□ Hearing Impairment
□ Multiple Co- morbidities (>3)
□ Lives Alone
□ No Reliable Transportation
□ Caregiver Strain/Burnout
□ Safety Concerns
□ Eligible for Long-term Care
□ Vision Impairment
□ Other:
□ No Primary Care Provider
□ Bed Bound
□ Elder Abuse
□ Frequent ER visits
□ Frequent 911 Calls
□ Recent Discharge from Hospital
□ Soon to be Eligible for Long-term Care
□ Substance Abuse

5) BRIEF MEDICAL HISTORY AND LIST OF ALLERGIES & MEDICATIONS

□ LIST OF CURRENT MEDICATIONS ATTACHED

6) REASON FOR REFERAL: What are the goals of care for Community Paramedic involvement?

7) SUPPORTS IN PLACE:

- ☐ Home & Community Care Support Services
- ☐ Access to Reliable Transportation
- ☐ Actively Engaged in the Community
- ☐ Foot Care
- ☐ Reliable Caregiver
- ☐ Medications up to date/blister packs
- ☐ Other, please specify: _____

8) SERVICES REQUESTED: What services would you like the Community Paramedic to provide for this patient?

ASSESSMENTS:

- ☐ Physical Assessment
- ☐ Home Safety Scan
- ☐ CAM Score
- ☐ MoCA
- ☐ Geriatric Depression Scale (Short Form)
- ☐ Post Stroke Assessment
- ☐ Falls Risk (Timed Up and Go Assessment and a Postural Hypotension Assessment)

POINT OF CARE DIAGNOSTICS:

- ☐ Vital Signs
- ☐ Capillary glucose
- ☐ Urinalysis Reagent
- ☐ Sample Collection
- ☐ Rapid Strep A
- ☐ ECG
- ☐ i-STAT CG4+
- ☐ Blood draw
- ☐ COVID 19 test
- ☐ Influenza test
- ☐ i-STAT PT/INR
- ☐ i-STAT Chem8

PALLIATIVE CARE:

- ☐ Emotional Support
- ☐ Repositioning
- ☐ Episodic Symptom Management
- ☐ 911 address flag. Please include:
  - Start date: _____
  - End date: _____
- ☐ Check for Renewal
- ☐ Expire after end date

REMOTE PATIENT MONITORING:

- ☐ CHF
- ☐ Diabetes Management
- ☐ COPD
- ☐ Acute illness, please specify _____
- ☐ Covid-19
- ☐ I have read the 'Request for Service Completion Guidelines - Covid-19 specific'
- ☐ Medication Adjustment

DISCLAIMER:

As the referring Physician/Nurse Practitioner for this patient, I am hereby delegating authority to the Community Paramedics to operate under the Clinical Practice Guidelines for the Community Paramedicine Program. Exclusions for the Clinical Practice Guidelines:

Clinical Practice Guidelines can be found here: renfrewparamedics.ca

OTHER:

Referring Physician/Nurse Practitioner Signature: _____

9) SAFETY PRECAUTIONS: Please check all that apply

- ☐ Aggressive Behaviour
- ☐ Bed Bugs
- ☐ Pets in Home (Please specify) : _____
- ☐ Substance Abuse
- ☐ Hoarding
- ☐ Other: _____

10) PLEASE ENSURE THE FOLLOWING ARE ATTACHED IF APPLICABLE:

- ☐ Lab Requisition
- ☐ Power of Attorney

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Toll-free phone number: 1-844-860-CPRU (2778)
Secure Fax line number: **613-432-9064**
Visit www.renfrewparamedics.ca for more information