

Community Paramedicine Referral Form

Phone: 1-800-263-3877

Fax to: 1-855-352-2555

Patient Information

Patient Name:

Phone #:

Patient Address:

Patient/POA/Substitute Decision Maker has consented to a referral to Community Paramedicine Program? ☐ Yes ☐ No

Patient primary diagnosis:

Patient Awaiting Crisis Admission to LTCH: ☐ Yes ☐ No

Primary Care Provider / MRP Name:

Phone #:

Referral to Community Paramedicine Program

Referral Date:

Referral to the following Paramedicine Program (check one):

- | | |
|---|---|
| ☐ City of Kawartha Lakes Paramedic Services
communityparamedic@kawarthalakes.ca | ☐ Northumberland Paramedics
communityparamedic@northumberlandcounty.ca |
| ☐ Region of Durham Paramedic Services
RDPSCommunityParamedicine@durham.ca | ☐ Peterborough City/County Paramedics
communityparamedic@ptbocounty.ca |
| ☐ Haliburton County Paramedic Service
communityparamedic@county.haliburton.on.ca | ☐ Toronto Paramedic Services
Fax: 416-696-3500 |

Reason for Referral (check all appropriate boxes)

- ☐ **High Intensity Supports at Home (HISH) Program – discharge from Hospital into Community**
- ☐ **Senior/other with similar needs in the Community at high risk of hospital admission and becoming designated ALC**
- ☐ **Episodic care as part of COVID response**
- ☐ **Non-HISH client requiring Community Paramedicine assessment and follow-up**

Ontario Health atHome Contact

HISH Care Coordinator:

Caseload:

Ext:

Community Care Coordinator:

Caseload:

Ext:

Form Completed By:

Community Paramedicine Report and follow-up plan: