**NIPISSING PARAMEDIC SERVICE**

GERIATRIC COMMUNITY OUTREACH PROGRAM & COMMUNITY PARAMEDIC PROGRAM REFERRAL

[ ] **-COMMUNITY PARAMEDICINE PROGRAM** [ ] **-GERIATRIC COMMUNITY OUTREACH PROGRAM**

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| A-REFERRAL INFORMATION | DATE OF REFERRAL: |   |
| HEALTH CARD #: |       | DISCHARGE DATE: |  |
| PATIENT LAST NAME: |       | PATIENT FIRST NAME: |       |
| PATIENT GENDER: |   | PATIENT DOB: |   |
| PRIMARY PHONE: |       | SECONDARY PHONE: |       |
| STREET ADDRESS: |       | CITY: |       |
| UNIT/APARTMENT: |       | MARITAL STATUS: |   |
| TYPE OF HOUSING: |   | PRIM CARE PROVIDER: |       |
| REFERRING AGENCY: |       | YOUR DEPARTMENT: |       |
| YOUR NAME: |       | YOUR POSITION: |       |
| YOUR PHONE #: |       | YOUR EXTENSION: |       |

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| B-SERVICES BEING REQUESTED | [ ]  Remote Monitoring | [ ]  Disease Education/Information |
| [ ]  Wellness Check/Vitals  | [ ]  Physical Assessment | [ ]  Safety Scan | [ ]  Mobility Assessment |
| [ ]  12-lead ECG  | [ ]  OTN Appointment  | [ ]  Vaccination /Swab  | [ ]  Blood/Urine Sample  |
| [ ]  Cognitive Screening  | [ ]  LTCH Waitlist Support  | [ ]  Geriatric Assessment  | [ ]  Other  |

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| C-APPLICABLE HISTORY | [ ]  ALC Risk | [ ]  Health Care Avoidance |
| [ ]  Multiple Comorbidities | [ ]  Awaiting LTC | [ ]  LTC Crisis | [ ]  Lives Alone |
| [ ]  Acute Decline | [ ]  Existing CP Patient  | [ ]  Consent to Referral | [ ]  No Family Support |
| [ ]  DNR in place | [ ]  Remote Location | [ ]  Recent Fall | [ ]  Other  |

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| D-AGENCIES INVOLVED | [ ]  Community Paramedic | [ ]  NESGC |
| [ ]  Geriatric Emergency Mgt | [ ] Community Support Servs | [ ]  HCCSS Rapid Resp Nurse | [ ]  Behavioral Support Ontario |
| [ ]  Seniors Mental Health | [ ]  HCCSS High Intensity CC  | [ ]  HCCSS Nurse Practitioner  | [ ]  HCCSS Personal Support  |
| [ ]  CMHA  | [ ]  Veterans Affairs  | [ ]  HCCSS Nursing  | [ ]  Other  |

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| E-PRIMARY REASON/GOAL FOR REFERRAL WITH RELEVANT MEDICAL/SOCIAL HISTORY HISTORY |



**FAX THIS FORM TO 705-474-7712**

 **CP INTAKE DESK 705-474-5750 XT 2226 / GCOP OFFICE 705-474-8600 XT 4469**

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