**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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