



# High Intensity Support at Home Community Paramedic Referral Form

## Client Information

Client Name:		Client #	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		DOB:	
Health Card #:		VC:	
Address: City:		Postal code	
Phone #:		Alt. Phone #	
Email:			
Emergency Contact:		Phone #:	
Has the patient participated in Advanced Care Planning? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this patient have a valid DNR or EDITH plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach a copy)</i>			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Care Provider Name:	
Phone #:	Fax #:
LHIN Care Coordinator:	Phone #:

## Risk Factors – Please select any that may apply.

<input type="checkbox"/> Increased risk of falls (1 fall in 3 months)	<input type="checkbox"/> Social Isolation or Living Alone
<input type="checkbox"/> Multiple Co-morbidities (>3)	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> No Primary Care Provider	<input type="checkbox"/> Geographical Isolation
<input type="checkbox"/> No Mode of Transportation	<input type="checkbox"/> Mobility Compromise
<input type="checkbox"/> Polypharmacy Issues	<input type="checkbox"/> No Other Support Services
<input type="checkbox"/> Frequent 911 calls / ED visits	<input type="checkbox"/> Caregiver Strain or Burnout



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**

**Contact Information**

Haldimand County Paramedic Service

Community Paramedicine Programs

11 Thorburn St S., Cayuga, ON N0A 1E0

Main: (905)-318-5932 x 6113

Cell (905)-481-2510

Email: [communityparamedic@haldimandcounty.on.ca](mailto:communityparamedic@haldimandcounty.on.ca)

