Guelph Wellington COVID-19 Remote Patient Monitoring Referral Form

Patient Information

Patient Name:		
Gender: ☐ Male ☐ Female ☐ Other:		DOB:
Health Card #:		VC:
Address:		City:
Region: ☐ City of Guelph ☐ Wellington County		
Phone #:	Alt. Phone #:	
Email:		
Emergency Contact:		Phone #:
Does this patient have a valid DNR? ☐ Yes ☐ No ☐ Unsure *(If yes, please attach a DNR Validity Form)*		
Does this patient have access to a smartphone or other device to run apps? ☐ Yes ☐ No		
If yes, how would patient like to receive notification to participate in program? ☐ Phone ☐ Text ☐ Email		

Primary Care Provider Information

Primary Care Provider Name:	
Phone #:	Fax #:

COVID-19 Background Information

Symptoms:	
Date of onset:	Potential discharge date:

Risk Factors – Please select any that may apply

☐ Diabetes with complications	☐ Chronic lung disease (COPD, Emphysema, moderate to severe Asthma)
☐ Congestive Heart Failure	☐ Weakened immune system
☐ Cirrhosis of the liver	☐ Dialysis
☐ Suppressed coughing ability	☐ Pregnancy
☐ > or = 65 years old	☐ Resides in a congregate setting
Patient Determined To Be: ☐ Mild/Moderate Risk	☐ High Risk or Vulnerable Population

Referral Source Information

Name and Professional Designation:	
Organization:	
Date of Referral:	
Phone #:	Fax #:

Completed referral forms can be faxed to:
Guelph Wellington Community Paramedicine @ 519-840-2565.

Contact Information
Guelph Wellington Paramedic Service
160 Clair Rd. W. Guelph, ON N1L 1G1
(519) 822-1260 ext. 3379
communityparamedic@guelph.ca

Additional Notes or Clinical Impressions