

# COVID-19 Community Response Team

## Community Referral Form for Older Adults



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS



North East Specialized  
Geriatric Centre  
Centre gériatrique  
spécialisé du Nord-Est



Health Sciences North  
Horizon Santé-Nord

### Patient Criteria:

- COVID-19 Positive or Suspected and awaiting results and  $\geq 65$  years
- Need for in home Remote Patient Monitoring and/or North East Specialized Geriatric Centre (NESGC)/Community Paramedicine (CP) assessments and support

### Process:

- Complete referral and fax to both: 705-983-5757 (CP) **AND** 705-688-7720 (NESGC)  
**AND**
- **Call or send a text message** 705-919-0265 (CP) to notify that a referral has been sent

### PATIENT DEMOGRAPHICS

Patient name: \_\_\_\_\_ Health Card Number: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Pharmacy: \_\_\_\_\_  Medication list attached  
Emergency contact: \_\_\_\_\_ Contact number: \_\_\_\_\_

### SERVICES REQUESTED

Community Paramedicine Visit/Assessment  Community Paramedicine Remote Monitoring

### COVID-19

Date symptoms developed: \_\_\_\_\_ Date of positive swab: \_\_\_\_\_

Patient day zero: \_\_\_\_\_ Resolve date: \_\_\_\_\_

### Symptoms:

Fever  Runny nose  New onset or worsening fatigue  
 Chills  Nausea, vomiting or diarrhea  Decrease or loss of taste or smell  
 Sore throat  Delirium  New onset or worsening cough  
 Headache  Loss of appetite  Shortness of breath  
 Acute change in function  Unexplained falls  
 Other: \_\_\_\_\_

### PATIENT VERBAL CONSENT OBTAINED FOR THE FOLLOWING:

- Community Paramedicine to provide assessment and treatment
- NESGC to contact the patient prior to the community paramedic arriving
- For NESGC and Community Paramedicine to share patient health information

### REFERRAL SOURCE

Name + designation: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ Billing number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_