Nipissing District Paramedic Services
Referral for Community Paramedic Home Visit

Phone: (705) 474-5750 x 2226 *Fax*: (705) 474-7712

Date of Referral: ____________________ **Primary Care Practitioner:** ____________________

Referrer and contact number:____

Patient Name: ____________________________ **Phone Number**: ________________________

Date of Birth: ____________________________ **Health Card #**: _________________________

Address: ____

Alternate contact and number: ____

Did the patient provide verbal consent for a Home Visit? Yes No

Reason for referral & pertinent Hx: ____

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Specific Home Services Requested

☐ General Wellness Check ☐ Physical Assessment ☐ Safety Scan ☐ Mobility Assessment

☐ Medication Review ☐ Vital Signs ☐ Blood Glucometry ☐ Cognitive Screening

☐ 12-lead ECG * ☐ OTN appointment ** ☐ Influenza Vaccine * ☐ COVID-19 Swab*

☐ Disease Education ☐ LTCH Waitlist Support ☐ COVID-19 Vaccine * ☐ Remote Patient Monitoring (CPRPM)***

☐ Other: _____________

*The patient must be reasonably unable to access mainstream services
**The patient must be reasonably unable to access mainstream services and not have reasonable access to a smart device or computer with internet
***See separate RPM referral form

Names and contact numbers of other agencies that the patient has been referred to:

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Confirmed discharge date (if patient was admitted to hospital): __________________________

B.Gartner-Updated Aug 20, 2021