



REFERRAL FOR PARRY SOUND DISTRICT EMS
COMMUNITY PARAMEDICINE (EAST)
COVID-19 REMOTE MONITORING PROGRAM

Referral Date (DD/MM/YYYY):
Patient Name:
Patient Date of Birth (DD/MM/YYYY):
OHIP #:
Version code:
Address/Treatment Location
Phone Number
Alternate Phone Number
Alternate Contact:
Phone Number:
Has patient provided consent for Emergency Medical Services (EMS) visit?
Please Provide Feedback:

What will happen when this referral is made?

The patient will be contacted by a Paramedic via telephone, within 12 hours of us receiving the referral. An initial home visit to obtain baseline vital signs and install remote monitoring equipment will be arranged. Vital signs will be monitored daily for 2 weeks or until the patient has been declared as resolved by public health.

Medical History:

Form with checkboxes for COPD, CHF, Diabetes, Cognitive Impairment, and Kidney Disease.

COVID-19 Questions:

COVID-19 positive, COVID-19 result pending, COVID-19 swab requested (incl. requisition)
Patient has COVID-19 symptoms Yes No Primary Symptoms:

Hospital Status:

Is Patient Currently In Hospital? No Yes Expected Discharge Date (DD/MM/YY):

Other Comments / Concerns:

Referring Organization:

Signature / Designation:

Print Name / Designation:

Contact Number: Fax Number:

Please fill out, sign and fax

Parry Sound District Emergency Medical Services Community Paramedicine Program
Krista Hampel: 705-471-0594 (Cell), khampel@wpshec.com, 705-386-2757 (fax)

