



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

Referral Date (DD/MM/YYYY): _____

Patient Name: _____ M F Other

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? Yes No

Please Provide Feedback: Yes No

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:

<input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Diabetes <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> 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
Tyler Taylor 705-746-1627 (Cell), staylor@wpshec.com, 705-746-7510 (fax)

