



Region of Waterloo Community Paramedicine Program



Client Name:	
Gender:	DOB:
Health Card #:	VC:
Address:	City
Phone #:	Alt. Phone #:
Emergency Contact:	Phone #:
Was consent obtained for this referral?	
Has this patient participated in Advance Care Planning?	
Does this patient have a valid DNRc or EDITH plan?	

Please attach a current medication record, medical history, as well as any relevant reports

Care Provider Information

Does this client have a Primary Care Provider?	
Primary Care Provider Name:	
Phone #:	Fax #:
OHAH Care Coordinator:	Phone #:

Referral Source Information

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

Program Pathways (select one):

Pathway	Description
Chronic Disease Management	6+ month enrollment Hospitalization or ED Use in the last 90 days with Heart Failure, COPD, Diabetes, or Urinary Tract Infection
High User	3 month enrollment Hospitalization or ED Use in the last 90 days and deemed medically complex.
Specialist	Specialist Dependent enrollment Referral from a specialty program as part of a coordinated care plan.
Low to Moderate Risk	3 month enrollment 0 or 1 hospitalization within 90 days with good prognosis of functional recovery.
Short Stay	Intervention Specific enrollment time Referral for specific medical intervention. Ex: ECG, POCT, Urinalysis, Wound Care, etc.

Please Fax Completed Referrals to 519-650-3855
Program Phone: 519-883-2025



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