



**County of Simcoe  
Paramedic Services**  
110 Fairview Rd.  
Barrie, Ontario L4N 8X8

Main Line: 705-726-9300 x1579  
Toll Free: 1-866-893-9300 x1579  
Fax: 705-725-5495  
E-mail: commparamedicine@simcoe.ca

## Community Paramedicine Home Visit Program Referral Form

Fax to: 705-725-5495

**Patient Information**

<p><b>Patient Name:</b></p> <p><b>Birth Date (YYYY/MM/DD):</b></p> <p><b>Patient / ID No.:</b></p> <p><b>Health Card Number:</b></p> <p><b>Address:</b></p> <p><b>Phone No.:</b></p>	<p><b>Contact Patient Directly?</b> Yes      No</p> <p><b>If no, Caregiver Name:</b></p> <p><b>Relationship to Patient:</b></p> <p><b>Caregiver Phone No.:</b></p>
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**Community Paramedicine Home Visit Program Criteria**

*Note: Upon receiving the referral, eligibility and priority will be assessed.  
Not currently accepting patients who live in a Long Term Care home.*

<p><b>Must have <u>one</u> (1) of the following:</b></p> <ul style="list-style-type: none"> <li>Congestive Heart Failure</li> <li>Chronic Obstructive Pulmonary Disease (COPD)</li> <li>Diabetes</li> </ul>	<p><b>Consent:</b></p> <p>Does the patient consent to be contacted by the County of Simcoe Paramedic Services?</p> <p style="text-align: center;">Yes      No</p>
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**Other**

Currently on the waitlist for Long Term Care?      Yes      No      Unknown

**Referral Information**

☐ Yes      ☐ No

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Organization (If Applicable):

Phone No.:

**Primary Care Provider (e.g. Family Physician or Nurse Practitioner)**

Name:	Organization:
Address:	Fax No.:
Phone No.:	E-mail: