



Toronto Paramedic Services Community Paramedic Referral Form



Client Information:

Name:	Birth Date(m/d/y):
Preferred Pronouns:	Phone #:
Address: (include postal code)	Health Card #:
	Cultural Considerations:
	Language Barrier:
	Capacity: YES NO Unsure
Client ALC/LTC status: ALC client	<input type="checkbox"/> LTC waitlist <input type="checkbox"/> LTC crisis waitlist

Urgency of Referral:

Is client in hospital: Yes No	Ideally could be seen within*: <input type="checkbox"/> 1-3 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5-7+ days * Subject to availability of Community Paramedics and triage
If Yes, expected discharge date:	

Urgency Flags:

<input type="checkbox"/> Urgent health concern	<input type="checkbox"/> Eviction
<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Dangerous living situation
<input type="checkbox"/> FOCUS/SPIDER	<input type="checkbox"/> No supports in place/loss of caregiver
<input type="checkbox"/> Other (please explain):	

Safety Precautions: Please check all that apply and explain

<input type="checkbox"/> Violence	<input type="checkbox"/> Hoarding	<input type="checkbox"/> Abuse
<input type="checkbox"/> Crime	<input type="checkbox"/> Infestation	<input type="checkbox"/> Animals
Details of Safety Concern:		

Referral Source Information:

Name:	Date of Referral (m/d/y):
Organization:	Consent: <input type="checkbox"/> YES <input type="checkbox"/> NO
Phone #:	Fax #:
Email:	

Existing Supports:

Primary Care Provider:	Phone #:
HCCSS Co-ordinator:	Phone #:
Family/Caregiver:	Phone #: Email:
Other: Relationship:	Phone #: Email:

Reasons for Request: *Please check all that apply*

<input type="checkbox"/> Isolation	<input type="checkbox"/> Caregiver burnout	<input type="checkbox"/> No primary provider
<input type="checkbox"/> Mobility concerns	<input type="checkbox"/> Increased ED use	<input type="checkbox"/> Housing concerns
<input type="checkbox"/> Medication compliance	<input type="checkbox"/> Multiple co-morbidities	<input type="checkbox"/> System navigation
<input type="checkbox"/> Palliative	<input type="checkbox"/> Transportation	<input type="checkbox"/> Discharge pending
<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Fall risk	<input type="checkbox"/> Polypharmacy
<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Wellness check (non-urgent)	<input type="checkbox"/> COVID-19 vaccine
<input type="checkbox"/> Mental health	<input type="checkbox"/> Influenza vaccine	<input type="checkbox"/> Other: please detail below

Please provide details of current situation: *(required)*

Details:

Toronto Community Paramedics provide short-term case management for clients, who are at risk of recurrent 911 or ED use, until referrals to ongoing service agencies are made. Toronto Community Paramedics provide wellness checks for specific concerns, but do not provide recurring routine wellness checks. Should you need further information or have questions please reach out to cphome@toronto.ca or (416) 397-4322.

Please ensure form is completed in full and faxed to: (416) 696-3500 (secure)