



# Community Paramedicine Remote Patient Monitoring REFERRAL FORM

### Patient Demographics:

Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
OHIP #: \_\_\_\_\_ Version Code: \_\_\_\_\_ Male  Female

Reason for Referral:  CHF (Dry Weight: \_\_\_\_\_kg)  COPD  Diabetes

Number of ER visits in past 12 months: \_\_\_\_\_ Number of hospitalization in past 12 months: \_\_\_\_\_

*Please include a client profile page with this referral form that includes the client's medical history, medications, allergies and the client's Action Plan if they have one.*

### Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_  MD  NP Phone: \_\_\_\_\_

This client belongs to the following Family Health Team: \_\_\_\_\_

**We will use the default reading alert thresholds below, unless you indicate otherwise.**

### READING ALERT THRESHOLDS

**CHF:** Weight gain of 1 kg in 24 hours, 2 kg in 48 hours \_\_\_\_\_  
or 3+kg in 7 days \_\_\_\_\_  
\*SpO<sub>2</sub> < 92% \_\_\_\_\_  
\*HR > 110 bpm or < 50 bpm \_\_\_\_\_  
\*SBP > 180 mmHg or < 90 mmHg or DBP >110 mmHg \_\_\_\_\_  
**DM:** BG 24-30 mmol/l or 3-4 mmol/l (medium) \_\_\_\_\_  
BG > 30 mmol/l or < 3.0 mmol/l (high) \_\_\_\_\_  
BG > 18 mmol/l over 3 consecutive readings \_\_\_\_\_  
**COPD:** \*SpO<sub>2</sub> < 88% \_\_\_\_\_  
SpO<sub>2</sub> > 95% if on O<sub>2</sub> Therapy \_\_\_\_\_  
\*HR > 110 bpm or < 50 bpm (yellow) \_\_\_\_\_  
\*these alerts are a result of 2 consecutive readings

### Referral Source Information:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address of Primary Care Provider for Circle of Care Portal: \_\_\_\_\_

**Please fill out fields, sign & fax to Guelph-Wellington Paramedics @ 519-840-2565.**

***Please note for enrollment in the program, clients must reside in the County of Wellington or City of Guelph.***

**Guelph-Wellington Paramedics**  
**Community Paramedicine Programs**  
160 Clair Rd West, Guelph, ON. N1L 1G1  
Main: 519-822-1260 Ext 3379 Fax: 519-840-2565  
Email: communityparamedic@guelph.ca