Toronto Paramedic Services
Community Paramedic Referral Form

Client Information:

Name:	Birth Date:	
Address: (include postal code)	Capacity: ☐ YES ☐ NO	
	Phone Number:	
	Health Card Number:	
Client ALC/LTC status:		
ALC Client transitioning from hospital ☐	LTC waitlist ☐	LTC crisis waitlist ☐

Referral Source Information:

Name:	Date of Referral:
Organization:	Consent: ☐ YES ☐ NO
Phone Number:	Fax Number:

Existing Supports:

Primary Care Provider:	Phone Number:
HCCSS Co-ordinator:	Phone Number:
Family / Caregiver:	Phone Number:
Other:	Phone Number:

Reasons for Request: *Please check all that apply*

☐ Isolation	☐ Caregiver burnout	☐ No primary provider
☐ Mobility concerns	☐ Increased ED use	☐ Housing concerns
☐ Medication adherence	☐ Multiple co-morbidities	☐ Cultural considerations
☐ Palliative	☐ Transportation	☐ Discharge pending
☐ Financial concerns	☐ Language barrier	☐ Polypharmacy
☐ Poor hygiene	☐ Fall risk	☐ Mental health
☐ COVID-19 vaccine	☐ COVID-19 testing	☐ System navigation
☐ Influenza vaccine	☐ Wellness check	

☐ Other / Requested Assessments:

Safety Precautions/ Hazards: *Please check all that apply*

☐ Violence	☐ Hoarding	☐ Abuse
☐ Crime	☐ Infestation	☐ Animals

☐ Other / Details:

Please ensure form is completed in full and faxed to: (416) 696-3500 (secure)
Questions can be directed to cphome@toronto.ca *or* *416-397-4322*