Dufferin County Paramedic Service
Community Paramedic
Referral Form

FAX: 519-941-2486
EMAIL: communityparamedic@dufferincounty.ca
PHONE: 1-877-791-1182

Patient Information		
Last Name:	First Name:	Initial:
Date of Birth (yyyy-mm-dd)	Health Card Number	Gender Male ☐ Female ☐
Address	City	Postal Code
Home Phone	Cell Phone	

Primary Support Provider Information			
Name	Relationship		
Address	City	Province	Postal Code
Phone	Alternate		

Referrer's Information Same as Primary Support Provider ☐	**Primary Care Provider Information** DAFHT ☐
Name	Name
Organization/Relationship	Address
Phone:	Phone:

Past Medical History

COPD ☐
CHF ☐
Diabetes ☐
Mental Health ☐
Other

Visit History (If known)

Last ER visit:

Other (Please specify):

Current Services

CCAC ☐
Telehomecare ☐
Other Services ☐

Referrer Signature: _____ Date: Primary Care Provider Informed ☐

CP Internal Use Only:
Date Referral Received:
Received by:

CP File # 2015 -

CP Barcode

NOTE: The information contained in this form is confidential. It contains personal health information that is subject to the provisions of the 'Personal Health Information Protection Act, 2004'. This form and its contents should not be distributed, copied or disclosed to any unauthorized persons. If you have accessed this form in error, please contact the owner or sender immediately. All or part information from this referral form may be shared with other agencies to provide appropriate care.

Dufferin County Paramedic Service
Community Paramedic Program
325 Blind Line Orangeville, ON L9W 5J8

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