



Community Paramedicine High User & Long Term Care Program Referral Form

Niagara Emergency Medical Services, 101 Lampman Court, Niagara-on-the-Lake, ON, L0S 1J0
905-984-5050 ext. 2123 or 2124 **Please fax this completed form to 1-866-712-8080**

Criteria for referral:

High User (HU) Program:

5 ED visits/911 calls in the past calendar year with a history of a chronic physical condition

Willingness to accept education and direction

Currently engaged or willing to be engaged with primary care

Long Term Care (LTC) Program:

On the wait list for long-term care

Assessed as eligible for LTC by a Home and Community Care Support Services (HCCSS) Care Coordinator (but not yet on the wait list)

Soon to be eligible for LTC (identified as needing or waiting for a HCCSS Care Coordinator to assess eligibility for LTC)

Specific circumstances that a client would benefit from CPLTC services to help avoid hospitalization or LTC (NOTE: these clients are still required to have an HCCSS assessment and apply for placement by Care Coordinators to receive LTC services)

Exclusions:

Unmanaged mental health condition (will be referred to a more appropriate program)

Current substance abuse/addictions (will be referred to a more appropriate program)

Patients living in Long Term Care facilities with 24/7 nursing support

Consent:

Consents to be contacted by Niagara Emergency Medical Services

Patient Information:

First name: _____ Last name: _____

Address: _____

Health Card number: _____ DOB (DD/MM/YYYY): _____ Phone: _____

Caregiver name: _____ Caregiver Phone Number: _____

Caregiver's relationship to client: _____ Consent to contact Caregiver: Yes No

Referral Information:

Primary Care Provider: _____

Phone: _____ Fax: _____

Referral name: _____ Referral phone number: _____

Referral organization: _____