

GERIATRIC COMMUNITY OUTREACH PARAMEDICINE REFERRAL FORM

PATIENT INFORMATION			
Last Name:		First Name:	
Gender: M / F / Unidentified		DOB:	
Address:		VC:	
Home Phone Number:		Other Phone Number:	

ELIGIBILITY CRITERIA <i>(this is not a visiting nursing program)</i>
<ol style="list-style-type: none"> 1. Individuals who are experiencing a functional decline, changes in behaviour or an acute event where the underlying contributing factor(s) or cause for the change are unknown by existing resources involved with the individual's care or service. 2. Individuals who are perceived to be frequently presenting to the ED, or whom are known to be avoiding the ED. 3. Individuals who are on the community crisis waitlist awaiting long term care placement; those discharged from hospital who had been deemed ALC LTC while in hospital and are going home or to a community setting to await long term care placement; or those who would be at risk to become ALC if admitted to hospital due to the complexity of their situation or underlying health condition, where a face-to-face interaction would be beneficial.

PRIMARY CARE PROVIDER	
Yes No Unknown	Name:

CHECK OFF ANY ITEMS THAT APPLY			
70 years of age or older	No Primary Care Provider	Awaiting Long Term Care	Lives in a retirement home
Multiple Comorbidities	Evidence of Acute Decline	Frequent calls to ambulance	Suspect to be frail
History of Health Care Avoidance	At risk of becoming ALC in hospital	On the Home and Community Care Crisis List	Accessing home and community care coordinator
Previous geriatric emergency management	Previous visiting paramedic program	At risk of frequent emerge visits	Other:

SERVICES KNOWN TO HAVE PARTICIPATED IN THE PLAN OF CARE <i>(A = Active / I = Inactive)</i>	
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A I Community Support Services	A I Northeast Behavioural Supports Ontario
A I Home & Community Care Coordinator	A I Northeast Specialized Geriatric Centre
A I Home & Community Care NP for Orphaned	A I Priority Assistance in Transition Home
A I Home & Community Care Rapid Response Nurse	A I Seniors' Mental Health – RCS
A I Home & Community Care Visiting Nurse	A I Visiting Paramedic Program

KNOWN MEDICAL / MENTAL HEALTH HISTORY

REFERRING PROVIDER – FAX TO 705-495-7963	
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Name:	Date:
Referring Organization:	Phone Number:

This program is a pilot program of the North Bay Regional Health Centre. It is funded by the North East Local Health Integrated Network. It is a collaboration between the Geriatric Emergency Management Program, the Nipissing District Paramedic Service and the NE LHIN's Home and Community Care

