



**County of Simcoe  
Paramedic Services**  
110 Fairview Rd.  
Barrie, Ontario  
L4N 8X8

Main Line: 705-726-9300 x1579  
Toll Free: 1-866-893-9300 x1579  
Fax: 705-725-5495  
E-mail: [commparamedicine@simcoe.ca](mailto:commparamedicine@simcoe.ca)

**Community Paramedicine Home Visit Program Referral Form**  
**Fax to: 705-725-5495 or Mail (To Address Above) or Call (The Number Above)**

**Patient Information**

**Patient Name:** \_\_\_\_\_ **Contact Patient Directly?**  
**Birth Date (YYYY/MM/DD):** \_\_\_\_\_ **Yes**  **No**   
**Patient / ID No.:** \_\_\_\_\_ **If no, Caregiver Name:** \_\_\_\_\_  
**Health Card Number:** \_\_\_\_\_ **VC:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Caregiver Phone No.:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_

**Community Paramedicine Home Visit Program Criteria**

Note: Upon receiving the referral, eligibility and priority will be assessed. Not currently accepting patients who live in a Long Term Care home.

**Must have one (1) of the following:**

- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes

**Consent:**

Does the patient consent to be contacted by the County of Simcoe Paramedic Services?  
 Yes  No

**Other**

Currently on the waitlist for Long Term Care?  Yes  No  Unknown

## Referral Information

Are you referring yourself?  Yes  No (Please fill out the information below)

Your Name:

Organization (If Applicable):

Phone No.:

### Primary Care Provider (e.g. Family Physician or Nurse Practitioner)

Name:

Organization:

Address:

Fax No.:

Phone No.:

E-mail:

### Disclaimer:

**Notice of Collection/Use/Disclosure:** Personal Information is being collected, used and disclosed pursuant to the Ambulance Act, Section 6(1)(b) to ensure the proper provision of land ambulance services to clients, and in accordance with Personal Health Information Protection Act, 2004, section 29 to determine your eligibility for the Community Paramedicine Home Visit Program and may be shared with other agencies to support your application under the Community Paramedicine Home Visit Program. Questions regarding the collection, use and disclosure may be directed to the Community Paramedicine Program Manager, Paramedic Services, County of Simcoe, 1110 Highway 26, Midhurst, ON L9X 1N6 1-866-893-9300 ext. 1559.