Alberta Health Services

Community Paramedic Response Team Referral

- Fax completed form and supporting documents *(as required)* to

☐ Patients **in and North of Red Deer**
Fax: 780.735.0421
Call: 1.833.367.2788

☐ Patients **South of Red Deer**
Fax: 403.776.3835
Call: 1.855.491.5868

- Call to confirm that your fax has been received; Incomplete referrals will not be processed
- Services and availability may vary by Zone
- **Physician must be available to Community Paramedics by phone at the time of treatment**

When does Patient need to be seen? ☐ Today ▶ **For same day treatment**, **call ahead for availability**
☐ Date *(yyyy-Mon-dd)* _____

Additional / Follow Up Dates Required *(yyyy-Mon-dd)* _____, _____, _____

Patient Information

Last Name	First Name	Date of Birth *(yyyy-Mon-dd)*

Gender	PHN	Phone	Alternate Phone

Site and/or Address where patient will be for treatment

Allergies ☐ No Known Allergies ☐ List attached

Is Patient a current client of other care providers? *(eg. Home Care)*
☐ Unknown
☐ No
☐ Yes, *specify* _____

Goals of Care Designation
☐ Unknown ☐ None ☐ R1 ☐ R2 ☐ R3 ☐ M1 ☐ M2 ☐ C1 ☐ C2

Does patient have Central Venous Access Device?
☐ No ☐ Yes ▶ **Attach catheter insertion record with CVC tip verification**

Referral Information

Reason for Referral *(Include Diagnosis or History relevant to referral)*

Physician Orders *(Include: dose, route, rate/volume, frequency and duration as applicable)*

☐ _____

☐ _____

☐ _____

☐ _____

▶ **Attach List of Current Medications and Additional Orders** ***(if required)***

Tests Required *(Check all that apply)*

Community Paramedics will assess Vital Signs on arrival for all patients (*GCS, HR, RR, Temp, Blood Pressure, SpO_2)*

☐ $ETCO_2$ ☐ JVP ☐ Weight ☐ Blood Glucose Level
☐ 12/15 Lead ECG *(not interpreted by a cardiologist)* ☐ Swab/Specimen Collection ▶ **Attach requisition**

Referral Source

Clinic/Site Name	Clinic/Site Contact Name	Direct Phone	Fax

Physician Name	Direct Phone	Cell	Pager

Signature	Date *(yyyy-Mon-dd)*	Please consult Physician ☐ during visit ☐ after visit