

# Wellington Dufferin Guelph COVID-19 Remote Patient Monitoring Referral Form

## Patient Information

Patient Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	DOB:
Health Card #:	VC:
Address:	City:
Region: <input type="checkbox"/> City of Guelph <input type="checkbox"/> Wellington County <input type="checkbox"/> Dufferin County	
Phone #:	Alt. Phone #:
Email:	
Emergency Contact:	Phone #:
Does this patient have a valid DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>(If yes, please attach a DNR Validity Form)</small>	
Does this patient have access to a smartphone or other device to run apps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how would patient like to receive notification to participate in program? <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	

## Primary Care Provider Information

Primary Care Provider Name:	
Phone #:	Fax #:

## COVID-19 Background Information

Symptoms:	
Date of onset:	Potential discharge date:

## Risk Factors – Please select any that may apply

<input type="checkbox"/> Diabetes with complications	<input type="checkbox"/> Chronic lung disease <small>(COPD, Emphysema, moderate to severe Asthma)</small>
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Weakened immune system
<input type="checkbox"/> Cirrhosis of the liver	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Suppressed coughing ability	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> > or = 65 years old	<input type="checkbox"/> Resides in a congregate setting
Patient Determined To Be: <input type="checkbox"/> Mild/Moderate Risk <input type="checkbox"/> High Risk or Vulnerable Population	

## Referral Source Information

Name and Professional Designation:	
Organization:	
Date of Referral:	
Phone #:	Fax #:

**Completed referral forms can be faxed to:**

**Guelph Wellington Community Paramedicine @ 519-840-2565.**

**Dufferin County Community Paramedicine @ 519-941-2486.**

### Contact Information

#### Guelph Wellington Paramedic Service

160 Clair Rd. W. Guelph, ON N1L 1G1

(519) 822-1260 ext. 3379

[communityparamedic@guelph.ca](mailto:communityparamedic@guelph.ca)

#### Dufferin County Paramedic Service

325 Blind Line, Orangeville, ON I9W 4W9

1-844-791-1182

[communityparamedic@dufferincounty.ca](mailto:communityparamedic@dufferincounty.ca)