



Niagara EMS Community Paramedicine Home Visit Program

Niagara Emergency Medical Services
509 Glendale Avenue East,
Niagara-on-the-Lake, ON
L0S 1J0
905-984-5050 ext. 2885

Please fax this completed form to 1-866-712-8080

Patient Label
Health Care Provider Stamp/Label

Criteria for referral:

- 5 ED visits 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

Exclusions:

- Patients with an unmanaged mental health condition
- Current substance use

*If the patient's main reason for their ED visits or 911 calls are related to a mental health or social condition, they will be contacted and referred to a more appropriate community home visit program.

Patient Information:

First name: _____ Last name: _____

Address: _____

Date of birth: _____ Home phone: _____ Cell phone: _____

Referral Information:

Primary Care Provider: _____

Phone: _____ Fax: _____

Referral initiated by: _____ Profession: _____

Contact information: _____

Client consents to being contacted by Niagara Emergency Medical Services

Additional Comments: