AdaCountyParamedics
We're in it for Life!
Community Paramedics

Community Paramedic Referral Form for EMS, Police and Fire

Community Paramedic Fax (208)287-5812
Communityparamedics@adaweb.net

Today's Date: Your Name: Your Email:

Client Information (Police and Fire departments only)

Client Last Name: First: MI: DOB: Age Sex

Street Address: Home Phone: ( ) -

City: State: Idaho Zip Code:

Encounter information

Date of run: EM# (If applicable) Unit:

Is the client/patient aware you are making referral? ☐ Yes ☐ No

Please indicate the primary reason for referral

☐ Inadequate self-care	☐ Resource needs	☐ Unsafe Environment	☐ Other:
☐ Med reconciliation	☐ Multiple/frequent calls	☐ Fall Hazard	

Please describe the issue(s) and any safety concerns:

Fax the completed form to Ada County Community Paramedics at 287-5812

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