WESTERN EAGLE COUNTY AMBULANCE DISTRICT

785 Red Table Dr
Gypsum, CO 81637

P: 970-524-1689
F: 970-524-1771

Community Paramedic Patient Order Form/Community Paramedic Line 970-524-1689

PATIENT INFORMATION
(May submit patient face sheet for demographics)

PLEASE RETURN BY FAX TO 970-524-1771

Date of Order: Requested Date of Service: Primary Language:

Client Name: Last First Middle DOB: Gender: ☐ M ☐ F

Physical Street Address City/Town State Zip Code

Mailing Address (if different) City/Town State Zip Code

Insurance (For research purposes only): ☐ No ☐ Yes If yes, company:____

DIAGNOSIS

Diagnosis :____

Reason for Visit:____

PREVENTION ASSESSMENTS

☐ Nutrition Assessment
☐ Social Evaluation / Social Support
☐ Home Safety Inspection

LABORATORY SPECIMEN COLLECTION **PLEASE INCLUDE AGENCY CLINICAL LAB TESTING ORDER SHEET**

☐ Blood Draw ☐ iStat Test (Coming Soon!) ☐ Stool Collection ☐ Urine Collection

Requested Labs/Blood Tubes:____

CLINICAL CARE

Cardiovascular
☐ Blood Pressure Check
☐ EKG 12 Lead
☐ Peripheral Intravenous Lines

Follow-up/Post Discharge
☐ Diabetic Follow-up/Education
☐ Neurological Assessment

Respiratory
☐ Asthma Meds/Education/Compliance
☐ CPAP
☐ MDI Use
☐ Nebulizer Usage/Compliance
☐ Peak Flow Meter Education/Usage
☐ Oxygen Saturation Check

General
☐ Assessment / H&P
☐ Ear exams
☐ Medication Evaluation or Medication Compliance
☐ Post Injury/Illness Evaluation
☐ Post Stroke Assessment/Follow-up
☐ Weight Check

☐ Dressing Change/Wound Check/Type:____
☐ Discharge Follow-up/Diagnosis:____

Other Orders/Information:
____
____

PUBLIC HEALTH/SOCIAL SERVICES

☐ Bright Beginnings ☐ EHS Post Partum Visit ☐ Fluoride Varnish Clinic ☐ Welfare Check
☐ Disease Investigation ☐ IZ Clinic Coverage ☐ TB Meds DOT

ORDERING PHYSICIAN SIGNATURE (MUST BE SIGNED)

Contact Number:____

Referring Physician:____
(Please Print)

____
Signature Date

☐ Fax report back to referring physician
☐ Fax report to:____

Disclaimer: All visits will be accomplished as soon as possible but generally within 24 – 72. All services provided must be within the scope of practice of a paramedic as described in *6 CCR 1015-3 Chapter 2, EMS Practice and Medical Director Oversight Rules.* Paramedics will verify that orders fall within this scope of practice and will contact you if orders need clarification or further instruction.