SUTTON COUNTY EMS

P.O. Box 1067
Sonora, TX 76950

(325)387-5132
(325)387-3872
www.suttoncountyems.org

# Community Paramedicine Patient Order Form

## PATIENT INFORMATION

**PLEASE RETURN BY FAX TO 325-387-3872**

(May submit patient face sheet for demographics)

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 CLINICAL LAB TESTING ORDER SHEET**

☐ Blood Draw ☐ Swab Test ☐ Stool Collection ☐ Urine Collection

Requested Labs/Blood Tubes: _____

## CLINICAL CARE

| | | |
|---|---|---|
| ☐ Cardiovascular | ☐ Respiratory | ☐ General |
| ☐ Blood Pressure Check | ☐ Asthma Meds/Education/Compliance | ☐ Post Stroke Assessment/Follow-up |
| ☐ EKG 12 Lead | ☐ Oxygen Saturation Check | ☐ Neurological Assessment |
| ☐ Peripheral Intravenous Lines | ☐ Weight Check | ☐ Medication Evaluation/Compliance |
| ☐ Follow-up/Post Discharge | ☐ Nebulizer Usage/Compliance | ☐ Post Injury/Illness Evaluation |
| ☐ Diabetic Follow-up/Education | ☐ Peak Flow Meter Education/Usage | |

☐ Dressing Change/Wound Check/Type: _____

☐ Discharge Follow-up/Diagnosis: _____

Other Orders/Information: _____

Frequency of Visit/Order:_____

## PUBLIC HEALTH/SOCIAL SERVICES

| | | | |
|---|---|---|---|
| ☐ Influenza Vaccine | ☐ Welfare Check | ☐ | ☐ |
| ☐ Disease Investigation | ☐ | ☐ | |

## 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 hours. All services must be within the scope of practice of a paramedic as described by Texas Department of State Health Services. Paramedics will verify that orders fall within this scope of practice and will contact you if orders need clarification or further instruction.