Yancey County
Community Paramedic Program

COMMUNITY PARAMEDIC

Referral Form

Fax completed form to (828) 641-9651

Patient Information

Name: Date of Birth:

Address: Gender: ☐ M ☐ F

Insurance Card #: Phone:

Is the patient aware of the referral? ☐ Yes ☐ No Cell:

Referral Information ARE THERE ANY SAFETY CONCERNS: ☐ YES ☐ NO

Reason for Referral:

Diagnosis Relevant to Referral:

Clinical Information

Medical History: See Attached: ☐

Allergies:

Communicable Disease:

Referral Services

☐ Fall Risk Assessment	☐ Physical Assessment	☐ Influenza Vaccination
☐ Home Safety Assessment	☐ Vital Signs Assessment	☐ COVID-19 Vaccination
☐ CO/Smoke Detector Inspection	☐ Blood Glucose Assessment	☐ COVID-19 Testing
☐ Hypertension Follow Up	☐ Medication Compliance	☐ Education
☐ 72hr Opioid Misuse Follow Up	☐ 12 Lead/ 15 Lead ECG	☐ Blood Draw/Urinalysis
☐ Plan of care review	☐ Other: _____	

Physician/Designate

Name: Signature: Date:

E-mail: Cell:

Referring Clinic

Name:

Phone: Fax:

113 Green Mountain Dr |Suite 2
Burnsville, NC 28714

(828) 682-1829

Community.Paramedic@yanceycountync.gov

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Additional notes/Comments:

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