

# Request a Visit



**GILCHRIST COUNTY  
FIRE RESCUE**

www.GilchristFire.com  
rclemons@gcfr.org

## Personal Information

Full Name:  Date of Birth:

Address:

Email:  Phone:

Best Time to Call

## Questionnaire

Is the Resident a Senior Citizen?  Yes  No

Does anyone live with the resident?  Yes  No

Reason for Request (Why does the patient need to be evaluated by the Community Paramedic?)

List any Special Concerns about the resident's health and well-being:

Are there any safety concerns with the home or property? ie: Dogs or other Animals, unsafe porches or steps, home is difficult to access?

Your relationship to resident:

## FOR EMERGENCIES CALL 911

Please note:

This form does not replace a well-person check. A standard well-being check should still be handled through the Gilchrist County Sheriff's Office at 352-463-3410

Please report any suspected abuse or neglect to the Florida Department of Children and Families at <https://www.myflfamilies.com/services/abuse/abuse-hotline>