



Telephone: 1300 305 166

Fax this form to:

9793 8133

Then confirm this booking by telephone

Non-Emergency Patient Transport Booking Form

Please print required information:

Patients Name: UR No:
 Address: Date of Birth: / / Age:
 Gender: M F O Weight: kg
 Contact Telephone No: Provide details or place patients UR label in this area

Transport from:

 Ward/department:
 Date transport required: / / Time:
 For Admission: Yes No Return: Yes No
 A nurse handover form is required where patients are to be admitted

Transport to:

 Clinic/Ward/Practice/Home/Other:

 Out-Patients Appointment: Yes No
 Appointment Time: - Hrs

The information required below is relevant for safe patient transfer and will be treated with strict confidentiality

Stretcher: Low Acuity* Stretcher: Medium Acuity* Stretcher: High Acuity* * refer to NEPT Regulations
 Wheelchair: Walker Assist: (Wheelchair to/from vehicle) Walker: (Can ambulate and climb three steps)
 Patients clinical condition:
 Please include any queried condition:
 Is the patient travelling with a relative: Yes No Escort: Yes No Luggage: Yes No
 Does this patient require active care en-route: Yes No (please provide details of care required)

Is this transport to be charged to a third party: Yes No Please print required information:
 Transport Accident Commission: * Private Insurer: *
 WorkCover: * Other:
 * Please provide details of claim and entitlement number: No:

 Account charged to: Telephone No:
 Transport booked by: Department:

Transport authorised by: Position:
 Hospital/Insurer: Order No:
 Contact Telephone No: Fax No:

By using this Patient Transport Booking form you acknowledge and agree that the information supplied herein is in accordance with NEPT Regulations 2005 (and as amended). And you further agree that the patient described herein has been fully assessed for transport and the acuity level specified is an accurate reflection of the patients' current condition and you therefore give consent for the patient described herein as suitable for non-emergency patient transport.

Please make copies of this form for use as required...

Please neatly print all required information...