



St Vincent's Non-Urgent Patient Transport Booking Form

Patient transport is only available to pensioners and if authorised by a medical Officer on the grounds of medical necessity. Patients should be encouraged to use their own transport or other means. Patient transport booking will not be accepted unless all sections of the form are completed and must be submitted to St Vincent's Patient Transport Office 48hours prior to appointment date.

Patient Transport Office Ph: (03) 9231 3480 Return fax to: <input type="checkbox"/> Fax: (03) 9231 4261 <input type="checkbox"/> Fax: (03) 9231 3489	Patient Details (insert patient label here)		
	UR Number.....Surname.....First Name..... Address.....PhoneNo..... Gender.....D.O.B.....Age.....		
Booking Details	Requested By:	Contact Phone No:	Contact Fax No:
Appointment Details	Pick-Up Day:	Pick-Up Date:	Appointment Time(s):
Transport Details	<u>Pick-Up Location: (if different to above)</u>		<u>Ward/Dept.:</u>
	<u>Destination:</u> <input type="checkbox"/> SVHM – 35 Victoria Parade, Fitzroy <input type="checkbox"/> ESAS – 100 Victoria Parade, East Melbourne Other _____ Return required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Ward/Dept./Clinic:</u> <input type="checkbox"/> Red Clinic <input type="checkbox"/> Blue Clinic <input type="checkbox"/> Green Clinic <input type="checkbox"/> Daly 6th Clinics <input type="checkbox"/> Medical Imaging <input type="checkbox"/> Day Surgery L1 <input type="checkbox"/> Cancer Centre <input type="checkbox"/> Medihotel L5 <input type="checkbox"/> Other _____
Medical Details	<u>Current Medical Diagnosis: (and procedure if applicable)</u>		<u>Infectious Disease:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ <u>Specific Req.</u> <input type="checkbox"/> Catheter <input type="checkbox"/> Suction <input type="checkbox"/> Monitor
Transport Required	<input type="checkbox"/> Walker (able to climb 2 steps) <input type="checkbox"/> Hoist/Wheelchair (patient confined) patient to provide <input type="checkbox"/> Walker requires wheelchair assistance <input type="checkbox"/> Stretcher (only if severe mobility issues)		
Equipment/Mobility Aids	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking Frame <input type="checkbox"/> Walking Stick <input type="checkbox"/> Oxygen req. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own Oxygen <input type="checkbox"/> Carrier to provide		<u>Escort:</u> <input type="checkbox"/> Family (subject to vehicle capacity) <input type="checkbox"/> Medical
Patient Category	<input type="checkbox"/> Pensioner <input type="checkbox"/> Health Care Card <input type="checkbox"/> DVA <input type="checkbox"/> TAC <input type="checkbox"/> Work Cover <input type="checkbox"/> Ambulance Member Card/Ref No required before transport booking action.....		
Authorising Doctor (internal use only)	Print Full Name:		Signature:
	Cost/Unit:		Date:

