Non-Emergency Patient Transport

BOOKING FORM

Email:	Phone:	Fax:
Patient.Transport@stjohnsa.com.au	(08) 8306 6945	(08) 8306 6995

After-hours bookings: Our standard hours of operation are Monday-Friday, 9am to 5pm. Bookings can be submitted any time and will be assessed the next business day.

Booking Facility	Contact Name	Contact Phone Number	Contact Fax Number
Pick Up Day	**Pick Up Date**	**Pick Up Time**	**Appointment Time**

Authorising Medical Practitioner (* This must be signed/authorised ***)**

Name: Dr ..... Signed: .....

Pick Up Location (Include Full Address)	Ward / Dept
Destination (Include Full Address)	**Ward / Dept**

Patient Surname		Patient Given Name(s)	
Date of Birth	DD / MM / YYYY	**Sex**	Male / Female

Presenting Medical Condition (include any other relevant medical history)

Purpose of trip:	Responsible Billing Party:
❑ Admit / Discharge ❑ Inter-Hospital Transfer ❑ Outpatient Appointment ❑ Day Surgery ❑ Return Nursing Home / Residence ❑ Other:	❑ Hospital Direct ❑ SA Ambulance Service Subscription ❑ Health Partners ❑ Motor Accident Commission ❑ Workers Compensation
Special Requirements:	**Equipment / Luggage:**
❑ Oxygen: ..... Litres per minute (LPM) ❑ IV Insitu – Contents: ..... ❑ Graseby Pump – Contents ..... ❑ Suction ❑ Other:	❑ Luggage ❑ Walking Frame ❑ Aids / Appliances ❑ Other: .....
Return Trip Required?	**Medical Escort / Family Member:**
❑ Yes • Estimated time: ..... ❑ No	❑ Nurse Escort ❑ Doctor Escort ❑ Family Member(s): ..... (max. 2)
Patient Weight (kg)	**Signature of Person Completing Form**