

If this is an Emergency or there is a clinical requirement for transport within 90 minutes, call 000 now

Metropolitan

Walker, Walker Assist and Wheelchair  
(Metro Transfers Only)

Phone: 1300 360 929 (enquiries/cancellations) |

Email: [cts.bookings@ambulance.vic.gov.au](mailto:cts.bookings@ambulance.vic.gov.au)

Fax: 1300 361 929 (bookings)

# CLINIC TRANSPORT SERVICES BOOKING FORM

PATIENT INFO

Patient's Given Name:

Patient's Surname:

Please review the following COVID-19 criteria and tick all that apply:

Does the patient have a positive COVID-19 infection?

Yes No

Is the patient currently quarantined for potential COVID-19 infection?

Yes No

Is the patient a healthcare or aged care worker with a headache, myalgia, stuffy nose, nausea, vomiting or diarrhoea?

Yes No

Has the patient had close contact in the past 14 days with a COVID-19 confirmed case, or have been in a known cluster location (i.e. aged care facility)?

Yes No

1. Does the patient require active clinical monitoring/care or clinical supervision during transport?

Yes No

1a. IF YES to question 1, "Is oxygen required?"

Yes No

1b. IF YES to question 1a, Does this relate to an unchanged chronic condition, or new/acute?

Unchanged New/Acute

2. Does the patient have impaired cognitive functioning (such as dementia or delirium) requiring supervision?

Yes No

3. Does the patient's chronic condition require monitoring during transport?

Yes No

4. Does the patient have an illness or disability that precludes them from utilising any other form of transport?

Yes No

FORM SELECTION

## SELECT ONE OF THE FOLLOWING FORMS

Please make sure you've completed page 1 and one of the following form, and return both page 1 and the following form of your choice.

 **REQUEST FOR CLINIC TRANSPORT SERVICES**  
[Click Here to Page 2](#)

 **RENAL DIALYSIS PATIENT BOOKING FORM**  
[Click Here to Page 3](#)

# REQUEST FOR CLINIC TRANSPORT SERVICES VER. 2.0

**Patient's Given Name:** \_\_\_\_\_ **Patient's Surname:** \_\_\_\_\_  
**Patient's Contact Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
 Male Female X (Unspecified/Indeterminate)

**Booking Facility:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_ **Contact Fax #:** \_\_\_\_\_

**Pick-Up Date/Day:** \_\_\_\_\_ **Pick-Up Time\*:** (must be > 1 hour prior to appt time) **Appointment Time:** \_\_\_\_\_

**Pick-Up Location:** Include full address (and name of facility if appl.) \_\_\_\_\_ **Ward/Dept/Residence:** \_\_\_\_\_

**Destination:** Include full address (and name of facility if appl.) \_\_\_\_\_ **Ward/Dept/Residence:** \_\_\_\_\_

**Authorising Practitioner:** \_\_\_\_\_ **Practitioner Phone #:** \_\_\_\_\_  
 (Pub Hosp appt only)

**Medical Diagnosis:**  
 (relating to transport)

**Purpose of transport:**  
 (e.g. x-ray)

**Infectious Disease:** (please specify)

**Select one platform only:** If a stretcher is required, please use the Patient Transport online booking form at [neptbookings.ambulance.vic.gov.au](http://neptbookings.ambulance.vic.gov.au)

**Walker**  
 Patient is able to walk and climb three steps unaided.

**Walker Assist**  
 Patient is able to walk and climb three steps with assistance.  
 Patient is able to step transfer.

**Wheelchair Hoist**  
 Patient mobility is confined to a wheelchair and transport must be completed in a hoist equipped vehicle.

▼  
**Patient must have own wheelchair**

Guide/Assistance Dogs (with declaration)      Four Wheel Frame      Wheelchair

Other (please specify)

**Responsible Party (Billing):**

DVA      Pension/HCC      Subscriber      TAC      WorkCover      IHT

**Number:**

**Public Hospital Outpatients Appointment for patient under Pension, HCC or IHT: Hospital Order Number:**

Transports to/from Specialist Patient Clinics or Health Independence Programmes must be booked and authorised by the receiving hospital and will not be processed without an order number – please note that an UR number is not an Order Number

**Going for admission:**      **Return Trip:**      Yes      No      **Escort:**      Essential Primary Carer (Note – other escorts and/or family cannot be transported due to COVID-19 and must make alternate arrangements)

