**MUSKOKA**

PATIENT

*STRETCHER TRANSPORT BOOKINGS*

*Call 1-705-330-9111*

**TRANSPORTATION**

NON-EMERGENCY TRANSPORT REQUEST FORM

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| Booking Facility | Contact Name: | Contact Phone No: | **PICK UP TIME MUST BE AT LEAST ONE HOUR PRIOR TO APPOINTMENT** |
| Pick Up Date: | Pick Up Time Required | Appointment Time: | Pick Up Phone No: |
| Pickup Location: (include full address) | Ward/Dept/Residence: |
| Destination: (Include full address) | Ward/Dept/Residence: |
| Surname of Patient | Given Name of Patient | Age of Patient | Weight of Patient: |
| Isolation ConcernsDoes the patient have/had a new or worsening cough? Yes O No OHas the patient feel/felt feverish, had shakes or chills in the last 24 hours? Yes O No OHas the Patient have/had a headache, sore throat, muscle pain, abdominal pain, vomiting or diarrhea? Yes O No OHas the sending or receiving Facility a reported outbreak? Yes O Kind: No O |
| Isolation Precaution Required: Yes O No O | If answered Yes Details of Isolation Status: |
| Patient For:O Admit/DischargeO Day SurgeryO Other (Specify) | Responsible Party:O PatientO HospitalO Other |
| Special Requirements: (if Any) | EscortMEDICAL O FAMILY OName and Contact information for Escort |
| Any Equipment/Mobility Aids: (Specify) | Return Trip:Yes O Pickup Time No O | Valid DNR No: |