



# MUSKOKA PATIENT TRANSPORTATION

## NON-EMERGENCY TRANSPORT REQUEST FORM

*STRETCHER TRANSPORT BOOKINGS*  
Call 1-705-330-9111

Booking Facility	Contact Name:	Contact Phone No:	<b>PICK UP TIME MUST BE AT LEAST ONE HOUR PRIOR TO APPOINTMENT</b>
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:
<b>Isolation Concerns</b> Does the patient have/had a new or worsening cough? Yes <input type="radio"/> No <input type="radio"/> Has the patient feel/felt feverish, had shakes or chills in the last 24 hours? Yes <input type="radio"/> No <input type="radio"/> Has the Patient have/had a headache, sore throat, muscle pain, abdominal pain , vomiting or diarrhea? Yes <input type="radio"/> No <input type="radio"/> Has the sending or receiving Facility a reported outbreak? Yes <input type="radio"/> Kind: _____ No <input type="radio"/>			
Isolation Precaution Required: Yes <input type="radio"/> No <input type="radio"/> If answered Yes Details of Isolation Status:			
Patient For: <input type="radio"/> Admit/Discharge <input type="radio"/> Day Surgery <input type="radio"/> Other (Specify)		Responsible Party: <input type="radio"/> Patient <input type="radio"/> Hospital <input type="radio"/> Other	
Special Requirements: (if Any)		Escort MEDICAL <input type="radio"/> FAMILY <input type="radio"/> Name and Contact information for Escort	
Any Equipment/Mobility Aids: (Specify)	Return Trip: Yes <input type="radio"/> Pickup Time _____ No <input type="radio"/>	Valid DNR No:	