



Patient Transport Booking Guide: Information Required for Booking Patient Transport

Patient Details:

Practice: _____

Surname: _____

Forename: _____

NHS No. _____ Male Female DOB ___ / ___ / ___

Home Telephone Number: _____

Address or Hospital: _____

_____ **Postcode** _____
Postcode MUST be used
Appointment: Date ___ / ___ / ___ Day: _____

Agreed Banding Times: Please Tick

09.30 10.30 14.00

Category: Please Tick

Op Dp Adm DIS

Disability:

Visually Impaired Hearing Impaired Diabetic

MRSA Amputee Speech Impairment

Equipment:

Zimmer Frame Oxygen Folding Chair Electric Wheelchair

Requirements: Chair to and from Vehicle DNAR

(Please refer to end of life care transport policy and fax copy of DNAR to 0191 430 2073)

Mobility:

Stretcher Two person lift 2 person lift own chair

Own Chair Tail Lift Walker

Child Car Seat:

0-13kg/0-9mth

9-18kg/9mth-4yr

15-25kg/4-6yr

22-46kg/6yr+

Escort (medical need only): Yes No

Transport to, full address or hospital: _____

District, Town/Clinic/Ward: _____

GP Practice: _____

Booked By: _____

Tel: _____