

This is a Medically Authorised Ambulance Transport (MAAT)

MAAT ORDERING CODE

TRIP AUTHORISATION NUMBER

 New Request Amendment of previous request Cancellation of previously arranged transport**PATIENT PERSONAL DETAILS**

Surname:

Given names:

D.O.B:

Gender:

Home Address:

Suburb:

City:

Phone number to contact patient or carer:

Mobile Number

UR/UN #

Pension #

DVA #

Compulsory 3rd party #

TRANSPORT DATE / AND TIMES Single Journey Return Journey (*must occur on the same day*)

Transport date:

Appointment Time:

Multiple Journey (must be to and from the same locations - *maximum period of advance booking is ONE month ahead*)

Start date of booking:

Tick days of week required for repeat booking

End date of booking:

 M T W T F S

Does this patient require a return journey following their appointment?

 Yes No**PICK UP ADDRESS** (*write 'As Above' if this is the patients home address*)

Facility / Department

Ward/Unit

Street name and number

Phone number at this location

Suburb

City:

Postcode

DROP OFF ADDRESS (*write 'As Above' if this is the patients home address*)

Facility / Department

Ward/Unit

Street name and number

Phone number at this location

Suburb

City:

Postcode

CLINICAL INFORMATION

Clinical Condition:

 Paramedic level monitoring / active treatment

Weight of patient: _____ Kg's

 No clinical assistance required

Does this patient have an infectious disease ?

 No Yes

(Detail) _____

Does this patient have a depressed immunity ?

 No Yes

(Detail) _____

MOBILITY**SPECIAL SERVICES****ESCORT** Stretcher patient Oxygen Patient physical restraints Medical escort Walking patient Suction Cardiac monitoring Non-clinical escort Wheelchair patient Capsule I.V Running Is a QH Escort to be returned ?**REQUESTED BY****AUTHORISING DOCTOR**

Name:

Phone Number:

Name:

Signature:

Position:

Fax Number:

Position:

Signature:

Requesting facility:

Provider Number:

Please ensure that all fields are completed. Omissions may result in delays in confirming this booking**QAS USE ONLY**

Lodgement Date

/ /

Lodgement Time

:

CAD Confirmation Number