



# AMBULANCE TASMANIA NON-EMERGENCY PATIENT TRANSPORT (NEPT) BOOKING REQUEST FORM



### PATIENT DETAILS

MALE / FEMALE / OTHER: Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ THCI: \_\_\_\_\_

### DEPARTURE AND DESTINATION

Date of Transfer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If one Way transfer - Earliest PU Avail \_\_\_\_\_

Travelling FROM: \_\_\_\_\_ Ward: \_\_\_\_\_ P/U Time: \_\_\_\_\_

Travelling TO: \_\_\_\_\_ Ward: \_\_\_\_\_ Appt Time: \_\_\_\_\_

Multiple Appts? Y / N If Yes, List all appt times & lengths: \_\_\_\_\_

Receiving Bed Confirmed? YES / NO Return trip required: YES / NO Approximate Appt length: \_\_\_\_\_

### REASON FOR APPOINTMENT (Please tick one or more for appointment / procedure details)

Xray	<input type="checkbox"/>	ERCP	<input type="checkbox"/>	Dialysis	<input type="checkbox"/>	Orthopaedic	<input type="checkbox"/>	Neuro	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	BMD	<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Dental	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	Echo	<input type="checkbox"/>	Radiotherapy	<input type="checkbox"/>	Plastics	<input type="checkbox"/>	Urology	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	MRI	<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Pre-Admission	<input type="checkbox"/>	Day Surgery	<input type="checkbox"/>

Clinical Procedure if not listed above: \_\_\_\_\_

Current Patient Condition: \_\_\_\_\_

DOES PATIENT REQUIRE CLINICAL CARE, MONITORING OR MEDICATION DURING TRANSPORT? YES / NO

\*\*\* If YES, A Clinical Escort is required to accompany the patient.

### PATIENT ESCORT

None  Family  Carer  Nurse  Provided by sending facility

### PATIENT MOBILITY

What is the patients current level of Mobility?

Walks Independently (Able to walk up steps)	<input type="checkbox"/>	4WW / Walking Frame	<input type="checkbox"/>	Wheelchair (Able to step transfer)	<input type="checkbox"/>
Own Electric Wheelchair (Must meet Australian Standards)	<input type="checkbox"/>	Mobility Scooter	<input type="checkbox"/>	Wheelchair / Bed bound (Hoist/slide assist required)	<input type="checkbox"/>

Stretcher Max 150kg / Wheelchair Max 135kg Patient Weight  kg Bariatric: Yes / No

Is the Patient currently using a Bariatric Bed? Yes / No

The Bariatric vehicle is an Emergency vehicle. It may be retasked to an Emergency job at any time prior to loading of the bariatric NEPT patient. Please book as early as possible so appropriate staff can be organised.

### SPECIAL PRECAUTIONS OR PATIENT REQUIREMENTS

None	<input type="checkbox"/>	MRSA	<input type="checkbox"/>	MRGN	<input type="checkbox"/>	Hep, A, B, C	<input type="checkbox"/>	Dementia	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	VRE	<input type="checkbox"/>	Cytotoxic	<input type="checkbox"/>	C Diff	<input type="checkbox"/>	Suction	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Medication	<input type="checkbox"/>
				Acute	<input type="checkbox"/>	Chronic	<input type="checkbox"/>		

### PATIENT CHARGES

Public  DVA  No..... MAIB/WORK COMP  PRIVATE

### REQUESTED BY

Name(Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Direct Contact Number: \_\_\_\_\_

Email: [nepts@ambulance.tas.gov.au](mailto:nepts@ambulance.tas.gov.au)

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