



North Memorial Health Ambulance & Air Care Communications Center

Phone: (763) 581 - 2897

Ground: (800) 667 - 8421

Fax: (763) 581 - 9888

Helicopter: (800) 247 - 0229

REQUEST FOR TRANSPORTATION

***If EMERGENCY TRANSPORT or Air Care is needed, call the Communications Center immediately!
Fax this completed form after completing the telephone request***

Caller Name:		Date of Transport: / /20		
Pick Up Time: : or <input type="checkbox"/> IMMEDIATE		Appointment Time: :		
Patient Name:	Last	Referring Facility: (specific address)		
	AFFIX PATIENT STICKER			
	First			
Date of Birth: / /		Requester Phone #: () -		
Pickup Location (Room/Cart/Bed #):		Destination Facility: (specific address)		
Destination Location (Unit/Room/Bed #):	<input type="checkbox"/> ER	Destination Phone #: () -		
	<input type="checkbox"/> Cath Lab			
	<input type="checkbox"/> Direct Admit:			
	Other: _____			
Transfer Priority:	<input type="checkbox"/> EMERGENT AIR UNSCHEDULED: <input type="checkbox"/> EMERGENT GROUND (Lights & Sirens) <input type="checkbox"/> NON-EMERGENT GROUND (No Lights & Sirens)		<input type="checkbox"/> SCHEDULED	
Equipment Needs:				
<i>Please indicate the equipment the patient and crew will require during transport so we can dispatch an appropriately trained and equipped crew to best care for your patient</i>				
<input type="checkbox"/> IV <input type="checkbox"/> Blood <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> LUCAS (CPR) Device <input type="checkbox"/> Medication Pump [†] (<i>see below</i> ↓)		<input type="checkbox"/> Oxygen <input type="checkbox"/> Vent <input type="checkbox"/> BiPAP <input type="checkbox"/> CPAP <input type="checkbox"/> Suction	Isolation Needs: <input type="checkbox"/> Gown <input type="checkbox"/> Mask <input type="checkbox"/> N-95 Mask <input type="checkbox"/> Other PPE →	Other Needs:
[†] Can medications on the pump be safely stopped during the period of transport (i.e. antibiotics) or must a continuous infusion be provided for the duration of transport (i.e. medications to support blood pressure or provide sedation)?			<input type="checkbox"/> MAY BE STOPPED <input type="checkbox"/> MAY <u>NOT</u> BE STOPPED	
Patient Weight:	<input type="checkbox"/> kg <input type="checkbox"/> lbs	If requesting Air Care and patient weight is >136kg (300lbs) provide patient girth in inches:		
AIR CARE: Max weight 180kg (400lbs) Max girth 63 inches, otherwise cannot transport by helicopter				
Insurance:				
Diagnosis:				
Condition:	<input type="checkbox"/> STABLE	<input type="checkbox"/> FAIR	<input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL	
Transferring Provider (print):				
Physician Certification Statement (PCS) Form Complete?		<input type="checkbox"/> YES	<i>Fax completed PCS form, patient face sheet, and this form together. Fax #: 763-581-9888</i>	