TRANSPORTATION REQUEST FORM (SNF & LTC)

IEHP Member ID: ______________________________ Discharge Date & Time: ______________________

Member Name: _______________________________ * Height: ______________ Weight: _____________

Trach to Ventilator: ☐ YES ☐ NO Suctioning: ☐ Deep ☐ Mild ☐ Shallow

Trach to Oxygen: ☐ YES ☐ NO Liter Flow: ______________ FIO_2: ______________

Trach to Room Air: ☐ YES ☐ NO Comments: _________________________________

Oxygen: ☐ YES ☐ NO ____

**Height and weight are required if Member is transported via wheelchair or gurney.*

COVID-19 TEST DATA *(not required)*

Test Administered: ☐ YES ☐ NO ☐ Unknown Test Date: ____________

Test Results: ☐ Covid-19 Positive ☐ Covid-19 Negative ☐ Unknown Result Date: __________

TRANSPORTATION FROM

Facility & Treating Physician: ____ Room #: _________

Address: ____

City: ___________________________________ Zip code: _______________

Contact Person: ___________________________________ Phone: ___________________________

TRANSPORTATION TO

Facility (if applicable) : ____ Room #: _________

Receiving Physician/Caregiver: ____

Address: ____

City: ___________________________________ Zip code: ________________

Contact Person: ___________________________________ Phone: ___________________________

APPOINTMENTS

(Please send request within two (2) Business days of appointment date)

☐ Dialysis ☐ Chemotherapy ☐ Radiation Other: ______________________

Appointment Date: _____________ Appointment Time: ______________ Start Date: ______________

Dialysis Days: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN

Approximate Wait Time: _______________________

TRANSPORTATION BY

☐ Ambulatory

☐ Wheelchair: ☐ Standard ☐ Bariatric/Wide ☐ Electric ☐ Vendor to provide wheelchair

*(*Note: Gurney will be provided when no wheelchair is available)*

☐ Gurney: ☐ Bariatric ☐ ALS ☐ BLS ☐ CCT (only)

Attendant/Caregiver ☐

Sending Physician: _________________________ Receiving Physician/Caregiver: ___________________

Please fax request to IEHP Transportat on Department (909) 912-1049

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Visit our web site at: www.iehp.org
A Public Entity

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