

**Ambulance Journey Booking Form**

**Tel: 01483 542360 or Fax this form to 01483 273371 or e-mail: bookings@lifecare-medics.co.uk**

**PATIENT & JOURNEY DETAILS:**

**Patient's Surname:** ..... **First Name:** ..... **Date of Birth:** .....

**Pick Up Address:** ..... **Post Code:** .....

**Or Hospital:** ..... **Room No.** ..... **Ward:** .....

**Set Down Address:** ..... **Post Code:** .....

**Or Hospital:** ..... **Room No.** ..... **Ward:** .....

**PATIENT READY AT:** ..... **PATIENT'S APPOINTMENT TIME IS:** ..... **DATE:** .....

**Wait & Return?** Yes  No  **Medical Escorts Travelling?** Yes  Qty:  **Relatives Travelling?** Yes  Qty:

**COMPLEX PATIENT DETAILS:**

**PATIENT'S MEDICAL CONDITION:**

**Patient's Mobility:** Mobilises with assistance?  Travels In own wheelchair?  Needs a Stretcher?  Non weight bearing?

**Diagnoses/Medical History of patient:** .....

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**Barrier Nursing? E.g.: MRSA+ or Hep B, C or HIV** .....

**Height** ..... Ft/ins **Weight** ..... Kg

**SPECIAL ORDERS: DNAR, Living Will etc.:** .....

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**SPECIAL EQUIPMENT REQUIRED / HOME SITUATION:**

*Is there a hoist, stair-lift or a lift available? Are there stairs / steps into or out of the patient's home? Are there narrow corridors? - Does the patient need to be carried up or down stairs in a carry chair. Does the patient need Oxygen? Is the patient a nervous passenger in vehicles?*

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**RETURN JOURNEY DETAILS IF APPLICABLE:**

**Pick Up Address:** ..... **Post Code:** .....

**Or Hospital:** ..... **Room No.:** ..... **Ward:** .....

**Return to Address:** ..... **Post Code:** .....

**Or Return to Hospital:** ..... **Room No.:** ..... **Ward:** .....

**YOUR BILLING DETAILS:**

**Name of Hospital / Dept. / Clinic or Relative booking this transport:** .....

**Contact Name:** ..... **Contact Number:** .....

**Address for Invoicing:** .....

**Post Code:** .....

We accept all major Debit / Credit Cards. We also accept cheques or BACS transfers direct to our bank account. Account No. 20835838 Sort Code: 20-42-58  
 Terms: Non-Account Holders — Full payment is required prior to transportation being despatched. Please call our office on: 01483 542 360 for more details.