PENNSTATE HERSHEY
Milton S. Hershey Medical Center

Life Lion EMS
Non-Emergency Transport Request Form

Pick-Up Date:	Pick-Up Time Range (Please give a range of approx 1 hour): -	Appointment Time:
Patient Name:		HMC Hospital Number:

Date of Birth:	Age:	Social Security Number: - -	Patient Phone: - -

Patient Address:	City:	State: Zip:

Location of Patient Pick Up:	Location of Destination:
HMC Room Number:	Address (if other than HMC):
Phone: - -	City / State / Zip:
Reason for Transport:	Phone: - -
Diagnosis(es):	Receiving Physician:

SERVICE LEVEL REQUESTED:

BLS: ☐ | ALS: ☐ | Wheelchair: ☐ | Critical Care: ☐ | NICU: ☐ | Car: ☐

DOES THIS TRANSPORT REQUIRE:

Registered Nurse: ☐ Respiratory Tech: ☐ Gife of Life Run (Driver Only): ☐

DOES PATIENT HAVE / NEED:

Own Wheelchair: ☐ | Oxygen: ☐ Amount lpm | IV: ☐ Type: | Isolette (NICU): ☐

Heart Monitor: ☐ | Roundtrip Service: ☐ | Crew to Remain with Patient: ☐

Ventilator: ☐ Settings: VT cc, O_2 %, Rate Bpm, PEEP
Trach Collar ☐ @ % O_2

SPECIAL CONSIDERATIONS:

Can Patient Walk?: ☐ Can Patient Sit Up?: ☐ Lifting Help Necessary?:

Steps to Enter Destination Location?: ☐ How Many?: Is Patient >400 ☐ >600 ☐

ADDITIONAL INFORMATION ON PATIENT:

INSURANCE INFORMATION:

Auto Insurance: ☐ Workmen's Comp.: ☐ GHP: ☐ Self-Pay: ☐ Other: ☐

Insurance:	Group Number:	Policy Number:

GUARANTOR: Patient: ☐ Other:

Medicare: ☐ **Signed Certificate of Medical Necessity:** ☐ **MC Number:**

Medical Assistance: ☐ **M/A Number:**

Person Requesting Transport:	Date Printed: 5/15/2013	Time Printed: 09:36
Requesting Person Phone: - -	Requesting Person Pager Number: - -	

TRANSPORT TRACKING **Date:** **Time:**

Type of request ☐ **Missed** ☐ **Diverted** ☐ **Refused:**

Disposition/Reason for denying:

Comments:

All patient information, origin, destination, diagnosis, and insurance information must be completed before form can be transmitted to UEMS. After complete, please print and fax the information to 717-531-0861.