St John

Referral Form

Application for Community Patient Transport services

Community Patient Transport (CPT) services provide non-emergency, road-based, planned patient transport services to eligible Western Australians. The service is available to low and medium acuity patients who require clinical monitoring or supervision during transport, yet do not require a time critical ambulance response.

This form satisfies the written referral requirement deeming it **clinically necessary** for the patient to use CPT to travel to or from a community location (including home) to a medical facility.

To be eligible, a patient must:

- be a Western Australian resident
- be over the age of 65
- be in receipt of a pension under the Social Security Act 1991
- have a written referral from a medical practitioner specifying that it is clinically necessary for them to be transported using the service.

Note: All fields must be completed before submission to St John. Incomplete forms cannot be processed.

Referring doctor	
Applicant/booking coordinator name	
Date of application	
Patient full name	
Date of birth (must be over 65)	
Patient address	
Patient contact number	
Patient email	
Pension details (Centrelink CRN)	

Can the patient be transported by friends or family? Yes ☐ No ☐

Is it appropriate for the patient to use public transport? Yes ☐ No ☐

Does the patient have a medical condition requiring Community Patient Transport services? Yes ☐ No ☐
If yes, please provide further details:

Can the patient:

- Climb 3 steps unassisted? Yes ☐ No ☐
- Remain seated for the duration of the trip? Yes ☐ No ☐
- Transfer independently to and from a car? Yes ☐ No ☐

Does the patient require a stretcher for transport? Yes ☐ No ☐

Please tick if the patient uses a mobility aid: Walking stick ☐ Walking frame ☐ Wheelchair ☐

Please tick if the patient has any of the below health issues: Dementia ☐ Poor balance ☐ Incontinence ☐

Service commencement:		**Service cessation:**	

Doctor's declaration:

I .....(Doctor) of.....(Medical facility) confirm that the above details are correct, and I am aware that this form can be audited at any time, as per the DOH20194700 Non-Emergency Planned Patient Transport Services (NEPPTS) contract.

Signature: ..... Date: .....

Please return a signed copy of this form to: **pctspatientservices@stjohnwa.com.au**

stjohnwa.com.au