

MEDICAL TRANSPORTATION SCREENING DOCUMENTATION

Client: _____ Transportation Code: _____

Prime ID: _____ DOB: _____ Prgm: _____ Wrkr: _____

Address: _____

Phone: _____

Contact Person (if applicable): _____

Today's Date: _____ Completed By: _____

Mobility Equipment used:

- Wheelchair Hightop Extra Wide Needs transfer assist
 Folding Walker Non-Folding Walker
 Other _____

Special Information (eg., needs exceptional assist, behavior problems, extreme obesity, etc.) _____

Does client have transportation resources available (eg., car, motorized cart, friend/relative who can provide transportation)?

- Yes No On Occasion

Why is prior method of transportation no longer usable?

- No longer available Physical/mental condition worsened
 Other _____

Transportation Needs (Transportation Code):

- ___ 0. Not eligible for medical transportation.
___ 1. Can travel (walk, use wheelchair, etc.) up to 1/4 mile (approx. 5 blocks) and board bus/MAX.
___ 2. Can travel (walk, use wheelchair, etc.) to curb unassisted and board LIFT or other vehicle.
___ 3. Needs assistance from home to vehicle to inside clinic/office.
___ 4. Must travel in reclining position (eg., stretcher car).
___ 5. Must have ALS/BLS treatment/intervention/monitoring during transport.
___ 6. Transportation not covered by client's medical insurance.