429 Woodbine Avenue
N2R-0A6
Kitchener ON
Phone: 519-571-1171
Fax: 519-581-1171
Website: www.ncmt.ca
E-mail: ncmt@ncmt.ca

NEW CANADIAN MEDICAL TRANSFER

Patient Transfer Request Form

Please fill out the following form and fax it to us at 519-581-1171. We will get in touch with you within 24 hours to confirm your request. If you don't hear from us within that time please call us at 519-571-1171.

NOTE: If request is ASAP, please call 519-571-1171

Patient Contact Information:

Patient Name: _____
Contact Phone: _____
Weight: _____
E-mail Address: _____
Relevant Medical Condition: _____
_____
_____
Stretcher Required: Yes OR No
Wheelchair Access Required: Yes OR No
Access to Residence with Stretcher:
(Front/Back/Side Door) _____
_____
Oxygen Required: Yes OR No
DNR Order: Yes OR No
Contagious Infections: Yes OR No
If Yes:_____
Allergies: _____
_____
_____

Pick-Up Location:

Institution: _____
Street Number: _____
Street Name: _____
Unit/Floor/Room: _____
City: _____
Postal Code: _____
Pick-up Date and Time: _____
Appointment Time: _____
Type of Appointment/Procedure: _____
_____
_____

Destination:

Institution: _____
Street Number: _____
Street Name: _____
Unit/Floor/Room: _____
City: _____
Postal Code: _____
Return Transfer: Yes OR No
Estimated Length of Appt: _____
Estimated Pick-Up Time: _____

Person Responsible:

Name of Individual:
_____

Relationship to Patient:
_____

Contact Information:
_____
_____
_____

MT Number: _____

NCMT is to fill this section up

Call Taken at:
_____

Actual Pickup time:
_____

Vehicle/Crew
_____

Wait Time
_____