

THIS FORM MUST BE LODGED BEFORE TRAVEL

PATIENT TRAVEL SUBSIDY SCHEME AUTHORITY FORM A



Office Hours: 8:00am-4:00pm, Monday-Friday

Bundaberg Base Hospital, P O Box 34, Bundaberg Qld 4670
Phone 07 4152 1222 Fax 07 4150 2019

Please complete this form accurately and do not overstate any medical condition, travel or other costs. Do so could lead to the inappropriate use of public monies and unfairly disadvantage other patients who may be in more need of immediate assistance.

PATIENT DETAILS

THIS SECTION MUST BE COMPLETED BY THE PATIENT

Surname: LESTER Given name: VICKI DOB: 11/4/63

Department Residential Address: A.L.D. Postcode: Phone No's:

City/Town: A.L.D. Medicare No.: Centralink No.:

Is your medical condition related to involvement in an accident? YES NO

Does this travel relate to a Third Party/Workers Compensation Claim? YES NO

Are you of Aboriginal or Torres Strait Islander origin? Australian Aboriginal Torres Strait Islander

Non Indigenous Not Stated Patient Signature: V. Lester

REFERRING PRACTITIONER/MEDICAL OFFICER

Provider No. Address: Phone: (file) Name: Date: 2/3/04

Referring Practitioner Signature: [Signature]

REFERRAL TYPE: Please tick the appropriate box. One details of specialty involved or specialties involved or, where a specialist refers to another specialist in a different area (eg. dermatologist referring to surgeon)

Public Hospital Private Hospital

Facility referred to: ROCKHAMPTON Doctor referred to: MCGREGOR

Status at time of referral: Out-patient In-patient

Specialty/Specialities: SURGEON

Diagnosis: REMAINING PACKING & ABSCESS

Type of treatment/er procedure:

AVAILABILITY: tick one box only

Specialist service not available in local public system - referral to public specialist or private specialist

Specialist service available locally, but not able to assist in care of this particular case (please give details below of circumstances)

* GP → New films done JAN 03 → Euan

02-MAR-2004 10:54 AGNES COAST MEDICAL CEN 07 49749302

Travel from Appointment time 11:00AM Date 8/3/04
Mode of Travel Rail Bus Motor Vehicle Air

Complete only if air transport is requested
(Please note that each non-essential air transport application submitted for patients or escorts, may delay the immediate funding of rail or vehicle transport for a number of other patients and lead to inappropriate use of public monies)

Medical reasons for air transport to be considered:.....
.....
.....

Escort (non-medical): tick all boxes that apply
(Please note that each non-essential escort application submitted may delay the immediate funding for another patient and lead to the inappropriate use of public monies)

- Escort considered beneficial or desirable by the patient or referring doctor
- Escort considered absolutely essential during transportation of the patient to/back from specialist medical care (please give details below)
- Escort considered absolutely essential to be accommodated with or near the patient during all or part of the specialist care on compassionate grounds or for necessity in the patient's care (please give details below)

Medical reasons for an escort to be considered:.....
.....
.....

Child (ie under 17 years) Adult: Requires-Oxygen Sedation Parental analgesia
Ambulance required YES/NO

Escort full name and relationship:.....

- CATEGORISATION: tick one box only
- Category 1: Urgent - immediate assessment or treatment required (eg. oncology, unstable cardiac conditions, spina-bifida.)
 - Category 2: Not urgent but prolonged delay may result in serious or significant health Complications (eg. Stable cardiac conditions, benign prostatic disease, large hernias, recurrent middle ear infection in child, scoliosis.)
 - Category 3: Non urgent (eg. benign skin conditions, arthritis, surgery for urinary incontinence, easily reducible small hernias cosmetic surgery)

REFERRING DOCTORS ARE URGED TO REASSIGN THEIR PATIENT UP TO A HIGHER CATEGORY AT ANY TIME, SHOULD THEIR CONDITION CHANGE SIGNIFICANTLY

(OFFICE USE ONLY)

APPROVAL FOR PATIENT TRAVEL SUBSIDY SCHEME

Mode of transport approved	Rail	Bus	Vehicle	Air	None
Patient transport approved	YES	<input checked="" type="checkbox"/> NO	Escort transport approved	YES	NO
Patient accommodation approved	YES	NO	Escort accommodation approved	YES	NO

Comments: SA LOCALLY. PREVIOUS HISTORY AS BORN IN THIS COUNTRY

DMS (or delegate) signature: [Signature] Date: 3/3/04

Spoke to Vicki 04/03/04,

Committed to advise Vicki that

PTSS funds travel where local Dr, not avail.

She then stated that she has been to see Dr P

here & he states there is nothing there. She has since

seen her GP, & had another x-ray (Jan 04)

Her GP believes that packing is still there, & was

sending her to R Hampton. I spoke to DMS who

advised that PTSS wont be funded as there are

2 Surgeons avail @ B Berg.

Called Vicki 04/03/04 & told her this. Said that

it is her choice to seek 2nd opinions but, PTSS wont

assist travel because service avail in

B Berg. I explained that there are

2 Surgeons & she could ask to see

the other surgeon. She

PTSS - nearest Pub Hosp

asked about waiting

periods I said I

would find out

& get back to her.

→ ask Ref to Dr Gattfield

PTSS no choice of Doctor.

4/3/04 spoke to

Spec Clinic who said app for Dr G is avail 12/3.

her GP would need to explain circumstances &

fax through referral.

4/3/04 advised Vicki of these details