



# FLIGHT REQUEST FORM

## Ground Transport Only

Please email a copy of all airline ticker confirmations to the Flight Coordinator for all "Ground Transport" Only Request

|   |                         |                                       |                              |  |  |
|---|-------------------------|---------------------------------------|------------------------------|--|--|
| Referrer Name   |                         |                                       |                              | Today's Date   |  |
| Work Phone  |                         | Pager                                 |                              | Work Mobile  |  |
| Referring Hospital  |                         |                                       |                              | Accommodation  |  |
| Referring Department  |                         |                                       |                              | Referrer's Role  |  |
| Patient's Full Name   |                         |                                       |                              |  | Male / Female  |
| Patient's Illness (Layperson's Terms)   |                         |                                       |                              |  |  |
| Patient's Medical Condition   |                         |                                       |                              |  | Unchanged / Changed  |
| <b>PLEASE NOTE:</b> An updated Treating Doctor's Letter is required if the patient's condition has changed  |                         |                                       |                              |  |  |
| Patient's Date of Birth   | Accurate Weight (kg)    | Can Patient Walk Unaided?             | Is Patient Infectious?       | Is Patient Severely Immuno-compromised?                      | Is patient able to fly without medical assistance in a non-pressurised light aircraft? |
|   |                         | Yes / No                              | Yes / No                     | Yes / No   | Yes / No   |
| <b>PURPOSE OF THIS TRIP:</b> eg) Routine Scans  |                         |                                       |                              |  |  |
|   |                         |                                       |                              |  |  |
| Nearest Airport to Home   |                         |                                       | Nearest Regional RPT Airport |  |  |
| <b>TRIP TO HOSPITAL</b>   | One Way / Return        |                                       | <b>TRIP FROM HOSPITAL</b>    | <input type="checkbox"/> Tick here if return details unknown |  |
| Origin  |                         |                                       | Origin                       |  |  |
| Destination   |                         |                                       | Destination                  |  |  |
| Travel Date   |                         |                                       | Travel Date                  |  |  |
| Appointment Date  |                         |                                       | Release Date                 |  |  |
| Appointment Time  |                         |                                       | Release Time                 |  |  |
| Drop Off Location   |                         |                                       | Pick-Up Location             |  |  |
| Travelling Companion Full Name (as it appears on your ID)   | Relationship to Patient | Accurate Weight (Kg) (Must be <120kg) | Mobile Phone                 | Date of Birth  |  |
|   |                         |                                       |                              |  |  |
|   |                         |                                       |                              |  |  |
|   |                         |                                       |                              |  |  |
| <b>WEIGHT LIMIT:</b> A maximum luggage weight of <b>20kg</b> no exceptions unless prior approval was obtained. ONLY soft carry bags will be permitted.  |                         |                                       |                              |  |  |
| <b>SPECIAL REQUESTS:</b> Please indicate below whether additional equipment or luggage is required and provide all necessary details (eg, brand of equipment, weight, folded dimensions etc). All special requests need to be cleared with the Operations team prior to flight. Note that car seats are provided for travel and strollers are available to be borrowed from Little Wings upon request, please indicate below if required. |                         |                                       |                              |  |  |
| Medical Equipment   | Oxygen                  | Wheelchair                            | Extra Luggage                | Loan Stroller  |  |
|   |                         |                                       |                              |  |  |
| <b>FLYING CONSIDERATIONS:</b> Please provide details of passengers we should be aware of for flying eg) Motion sickness, fear of flying, claustrophobic, pregnant travelling companion, any medical condition of travelling companion we need to be aware of  |                         |                                       |                              |  |  |
|   |                         |                                       |                              |  |  |