



# CAVALIER COUNTY TRANSIT

## Discharge Transportation Request Passenger Information Form

211 8<sup>th</sup> Ave, Langdon, ND 58249 FAX 701-256-2838 Phone 701-256-2828 (M-F 8:30am to 4:30pm)  
After Hours & weekends - calls can be left on the answering machine. Email ccsms2@utma.com

### PROTOCOLS - MUST BE COMPLETED BEFORE TRANSPORTATION REQUEST

- Under 18 yrs old (Must be accompanied by Adult)
- Catheter (must empty prior to discharge)
- Visually Impaired
- Bags or Luggage? How Many? \_\_\_\_\_
- Precautions if patient has transmittal medical condition \_\_\_ Gloves \_\_\_ Mask \_\_\_ Gown \_\_\_ Other \_\_\_\_\_
- Need Oxygen? If so, what is the Liter flow per minute \_\_\_\_\_; Size of tank (liters) \_\_\_\_\_
- Wheelchair Size (mark one if applicable) \_\_\_ Regular (24in wheel to wheel) \_\_\_ Geri-chair  
\_\_\_ Oversized (over 30in wheel to wheel) (need escort) \_\_\_ Scooter
- Car Sickness ( please send adequate equipment)
- Hearing Impaired (need escort)
- Speech or Language Impaired (need escort)
- Flower arrangements (not allowed)**

### Personal Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Pickup Information

Date \_\_\_\_\_

Pickup Time \_\_\_\_\_

\_\_\_ AM

\_\_\_ PM

Facility Name \_\_\_\_\_ Address: \_\_\_\_\_

Nurse Name: \_\_\_\_\_ Station Phone: \_\_\_\_\_ Patient Room # \_\_\_\_\_ Floor # \_\_\_\_\_

Does Equipment need to be returned? \_\_\_ Yes \_\_\_ No Notes: \_\_\_\_\_

### Drop-off Information

\_\_\_ One-way trip \_\_\_ Round Trip

**Time Sensitive**

Patient has to be dropped off by \_\_\_\_\_

Drop off Name (i.e. Home, facility, etc.) \_\_\_\_\_

Drop off address if different than home (complete street address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Must have contact person at drop-off** Name of Contact \_\_\_\_\_ Contact phone \_\_\_\_\_

### Hospital Staff Information

Form completed by: \_\_\_\_\_ Phone \_\_\_\_\_

Sent to Cavalier County Transit by: \_\_\_ Fax \_\_\_ Email

### CCT Staff

Entered into software by: \_\_\_\_\_

Information sent to driver by: \_\_\_ Phone \_\_\_ Tablet \_\_\_ Text

(PHT Driver only) Returned Equipment? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_