



# Application for Community Patient Transport services

Community Patient Transport (CPT) services provide non-emergency, road-based, planned patient transport services to eligible Western Australians. The service is available to low and medium acuity patients who require clinical monitoring or supervision during transport, yet do not require a time critical ambulance response.

This form satisfies the written referral requirement deeming it **clinically necessary\*** for the patient to use CPT to travel to or from a community location (including home) to a medical facility.

Applicant/booking coordinator name

Patient full name

Date of application

Date of birth

Referring doctor

Address

Pension details (Concession Card # and/or Centrelink CRN)

Contact number

Does the patient have a medical condition requiring CPT services?  Yes  No

If yes, please provide further details:

Can the patient be transported by friends or family?  Yes  No

Is it appropriate for the patient to utilise public transport?  Yes  No

Can the patient:

- Climb 3 steps unassisted?  Yes  No
- Remain seated for the duration of the trip?  Yes  No
- Transfer independently to and from a car?  Yes  No

Does the patient require a stretcher for transport?  Yes  No

Please tick if the patient uses a mobility aid:  Walking stick  Walking frame  Wheelchair

Please tick if the patient has any of the below health issues:  Dementia  Poor balance  Incontinence

Any other health issues or information please list below:

Service commencement:

Service cessation:

## Declaration

I \_\_\_\_\_ (Doctor) of \_\_\_\_\_ (Medical facility) confirm that the above details are correct, and I am aware that this form can be audited at any time, as per the DOH20194700 Non-Emergency Planned Patient Transport Services (NEPPTS) contract.

Signature: ..... Date:

Please return a signed copy of this form your choice of CPT service providers below:

Provider name	Contact details	Booking via the web portal
<b>Absolute Medical Response</b> 	<a href="mailto:admin@amr-aus.com.au">admin@amr-aus.com.au</a> Phone 1300 808 322	<a href="http://www.absolutemedicalresponse.com.au/booking-patient-transport">www.absolutemedicalresponse.com.au/booking-patient-transport</a>
<b>Medical Edge Australia</b> 	<a href="mailto:wanepts@myedge.com.au">wanepts@myedge.com.au</a> Phone 1300 427 944	<a href="https://medicaledge.traumasoft.com/tripassistant">https://medicaledge.traumasoft.com/tripassistant</a>
<b>National Patient Transport</b> 	<a href="mailto:WAdmin@nptgroup.com.au">WAdmin@nptgroup.com.au</a> Phone 1300 628 728	<a href="https://www.platinumhc.com.au/RTCustomerSite/booking.aspx">https://www.platinumhc.com.au/RTCustomerSite/booking.aspx</a>
<b>St John Ambulance WA</b> 	<a href="mailto:patient.transfer@stjohnambulance.com.au">patient.transfer@stjohnambulance.com.au</a> Phone (08) 9334 1234	<a href="https://stjohnwa.com.au/my-account/login">https://stjohnwa.com.au/my-account/login</a>
<b>Wilson Medic One</b> 	<a href="mailto:dispatchwa@wilsonmedicone.com.au">dispatchwa@wilsonmedicone.com.au</a> Phone 1300 284 940	<a href="https://ambulance.wilsonmedicone.com.au">https://ambulance.wilsonmedicone.com.au</a>

**Please note:**

Planned CPT can be booked by medical facilities, hospitals, aged care booking coordinators and eligible community patients directly. Transport to or from a community location includes:

- hospital to home
- home to hospital
- home to a medical facility
- transports between medical and aged care facilities.

This form will be reviewed by your chosen service provider prior to the booking being accepted.

**\*Clinically necessary**

Means the patient requires transport to or from a medical facility to diagnose or treat an illness, injury, condition, disease or symptoms and requires minimal clinical supervision, monitoring or care during transport.

For more info on patient eligibility and the approved CPT service providers go to: [www.healthywa.wa.gov.au/Articles/N\\_R/Planned-community-transport](http://www.healthywa.wa.gov.au/Articles/N_R/Planned-community-transport)

Service provider use only	Notes/comments
Form received	
Date	
Processing officer name	

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