

Community Flights is a not-for-profit registered charity closing the gap to healthcare access for regional and rural Queensland patients. Community Flights provides free-of-charge aircraft transport for patients and carers to non-emergency medical treatment and services. Community Flights aircrafts are not equipped for medical emergencies and the pilots and volunteers are not able to provide any medical treatment before, during, or after the flights.

### About this form:

The *Patient Transport Request Form* is intended to:

- assist the assessing health practitioner to assess and advise Community Flights of the patient's suitability and fitness to fly. (Requirement of CASA Instrument 09/19 of Civil Aviation Safety Regulations 1998 Section 6.4 - *Medical treatment is not provided on board the aircraft for the flight, other than the administering of medication or in response to an unexpected medical emergency.*)
- collect the required operational details for Community Flights and our partnering organisations, to assess and coordinate the proposed flight and/or ground transport
- record data for reporting and service quality review

### Who can complete this form:

The **GREEN** sections can be completed by the patient or practitioner. The **ORANGE** sections must only be completed by the assessing health practitioner. **The patient does not need to be present with the practitioner to complete this form.**

A suitable health practitioner is the patient's current:

- registered General Practitioner, or
- registered Nurse at the medical practice or hospital

### How to submit this form:

Due to privacy laws **THE PATIENT** must submit this form directly to Community Flights after completion by the assessing practitioner. This ensures all medical and private information is offered expressly at the patient's consent and direction. Completed forms can be submitted by:

**EMAIL** to: [referrals@communityflights.org.au](mailto:referrals@communityflights.org.au)

**POST** to: PO BOX 608, Hervey Bay QLD 4655

**\*Indemnity for health professionals.** Each patient assumes the responsibility to advise Community Flights of their medical fitness to meet legal requirements of a Community Service Flight. Health professionals who provide information in good faith do so only to affirm this advice.

**Privacy Statement:** Community Flights collects information in accordance with our privacy policy available at <https://www.communityflights.org.au/privacy-policy/>

### To access Community Flights the following requirements must be met:

- All relevant patient and destination details are completed in (Section A & B)
- Patient must show a need to access the service (Section C)
- Patient must be suitable to travel in a small, non-pressurised aircraft (Section D)
- Health practitioner must declare the details are correct (Section E)
- All minors **MUST** be accompanied by an adult 18+

### Section A – Patient details and consent

Given name(s):  Family name:

Date of birth:  Mobile:

Medicare number:  Expiry date:

Concession Card:  Expiry date:

DVA number:

Male  Female  Other: \_\_\_\_\_ Email Address:

Are you of Aboriginal and / or Torres Strait Islander origin? Patients Weight:

No  Aboriginal  Torres Strait Islander  Both  Rather not say

**I (patient) confirm all details on this form are true and correct, and have read and understood the Community Flights patient information and guideline document:**

Signature:  Date:

### Section B – Treatment / Service details at destination

Treating practitioner (if known):  Specialty:

Treatment facility name & address:

Facility contact number (in case of flight delay):

Appointment is for:  Consultation  Treatment  Procedure

Arrival Date and time required to be at facility/accommodation:

- Ground transport is required at the destination
- Short Notice Request** (treatment is within the next 2-7 days) - ***\*Subject to availability***
- Short appointment allowing same day return (departing flight before 4pm)
- Long appointment or finishes past 3pm - (accommodation may be required)
- Treatment schedule -

### Section C – Reason for Community Flights travel request - (Practitioner to complete)

Please tick any that apply:

- Immunocompromised - preventing public transport accessibility
- Recurring long-distance travel required for an ongoing treatment plan
- Financial hardship
- Emotional well-being
- Other - Please provide reason:

Additional Information:

### Section D – Flight Suitability - (Practitioner to complete)

- Can the patient enter & exit a small aircraft with minimal assistance?  Yes  No
- Can the patient step up 30cm as needed to enter the aircraft?  Yes  No
- Does the patient have mobility to lower themselves down into a seat?  Yes  No
- Does the patient need a support person to travel with them?  Yes  No
- Does the patient require oxygen during the flight?  Yes  No
- Can the patient travel for up to two hours without an onboard toilet?  Yes  No
- Does the patient have a fear of flying or heights?  Yes  No
- Does the pilot need to be aware of any other risks(Provide details)?  Yes  No

**\*Please note: If the patient or travelling companion cannot perform the above movements they will not be able to fly with Community Flights and will need to make alternative arrangements.**

### Section E – Declaration by the Health Practitioner

*I certify that the information provided on this form is true and correct. I advise the patient is able to travel on a small aircraft with no medical treatment being necessary during the flight.*

Health Practitioner name:		
Contact number:	Facility name:	
AHPRA - Provider Number:	Date:	



# Patient Transport Request Form

## Confidential

<u>Community Flights use only</u>	Identification number:
<p>Confirmation call date: _____ Completed by: _____</p> <p>Flight date available: <input type="checkbox"/> YES Alternative dates if applicable: _____</p> <p>Weight of patient confirmed <input type="checkbox"/> YES</p> <p>Weight of support person: _____</p> <p>Luggage information explained/ Guidelines e-mailed to patient/Support person: <input type="checkbox"/> YES</p> <p>Dangerous goods explained: <input type="checkbox"/> YES</p> <p>Byo - Water &amp; snacks if required - Explained <input type="checkbox"/> YES</p>	
<b>FLIGHT DETAILS</b>	
Pilots name: _____	
Leg1 - date: _____	Dep airport: _____ Dep time: _____ Arr Airport: _____
Leg2 - date: _____	Dep airport: _____ Dep time: _____ Arr Airport: _____
<b>GROUND DETAILS - SELF / CF Volunteer / Transit Care / HBNC / Uber / Taxi</b>	
Ground crew Info: _____	
Vehicle transport confirmed - <input type="checkbox"/> Booked <input type="checkbox"/> Confirmation details sent to patient	
Company / Driver details: _____	
Pick up address: _____	
Drop off address: _____	
Return time to airport: _____	
Special consideration - provide reason: _____	Flight/s - Approved / No Criteria
Follow up referral sent to: _____	
Volunteer Information Sent _____	
Notes: _____	
Air Klms: _____	
Ground Klms: _____	
Associated cost: \$ _____	Approved By Name: _____
	Date: _____