



519 S. Hanover Street
Carlisle, PA, 17013
Tel: 717-249-0012 Fax: 717-245-5454 Email: info@cgfrems.org

TRANSPORT WORKSHEET

To speak directly with a dispatcher, call 717-245-5432

Patient Information

[] Current patient facesheet is provided with this form (if so, skip this section)

Patient Name: _____ Patient SSN: _____ - _____ - _____

Patient Address: _____

Patient DOB: ____ / ____ / ____ Patient Tel: (____) - ____ - _____

Transport Information

Patient's Current Room #: _____ Destination: _____

Transport Time: ____:____ **or** [] ASAP [] Morning [] Afternoon [] Evening [] Overnight

Patient's Diagnosis at the time of transport: _____

Patient's Weight: _____ lbs

[] Oxygen: ____ lpm	[] Bariatric Patient	[] Vent Patient
[] Cardiac Monitoring	[] Hip/Fracture Precautions	[] Bed Confined
[] Isolation Precautions	[] Combative Patient	[] IV Fluids Running
[] Other Important Info:		

Transport Type	
<input type="checkbox"/>	ALS
<input type="checkbox"/>	BLS
<input type="checkbox"/>	Litter Van
<input type="checkbox"/>	Wheelchair Van

Contact Information

Requested By: _____

Callback Number: (717) - ____ - ____ **or** Department: _____

Once completed, please fax this form to 717-245-5454

Please also confirm the receipt of this transport worksheet by contacting one of our transport dispatchers. Thank you!