User guide

Patient Travel Subsidy Scheme (PTSS)

Appointment attendance (Form C)

Use this step-by-step-guide to the **Appointment attendance (Form C)** to certify the patient attended their specialist appointment. This form also confirms how long the patient was medically required to be away from home.

Section A

Please provide the patient's personal details. To update personal details the **Patient registration (Form A)**, needs to be filled out.

Section A – Patient details (patient, HHS or specialist to complete)			
Title:	Given name(s):	Family name:	Date of birth (DD/MM/YYYY):
Home hospital:			Contact number:
Patient escort details			
Title:	Full name:	Date of birth (DD/MM/YYYY):	Contact number:

Section B

Either Part A or Part B needs to be completed. The patient can provide evidence for Part A and submit with this form.

OR

The treating clinician needs to complete and sign Part B.

Requires a signature from the specialist, representative or someone from the treating facility to certify the information provided in the form.

Section B – Evidence (specialist to complete)				
Part A: Please attach evidence of appointment attendance				
☐ Medicare receipt ☐ HICAPS receipt ☐ Discharge summary				
Part B: Please attach evidence of appointment attendance				
Appointment / Admission	Date (DD/MM/YY):	Date (DD/MM/YY):	**Discharge**	Date (DD/MM/YY):
Complete details or provide stamp				
Specialist name:				*(Clinician stamp)*
Specialty:	Contact name (if not specialist):			
Treatment facility name:				
Contact number:	Email:			
I certify that the patient received specialist medical treatment as stated above.				
Signature:			Date (DD/MM/YY):	
Name (if not specialist):			Position (if not specialist):	

Section C

The date the patient is medically approved to travel home.

Please provide reasons for the patient's requirement to travel after their discharge date (e.g. follow up appointments, admittance as an inpatient or not medically fit for travel).

Section C – Return travel (if travel not booked, specialist or treating HHS to complete)		
Date ready to travel home (DD/MM/YY):	☐ Morning ☐ Afternoon	If not the same day as discharge, provide reason:
Recommended return mode of travel: ☐ Private motor vehicle ☐ Air ☐ Bus ☐ Rail ☐ Ferry If *air*, is a commercial flight medical clearance required? ☐ Yes ☐ No		

*To register or update a patient's personal details please use the **Patient registration (Form A).***
*To apply for PTSS please fill out the **Travel application (Form B).***

Appointment attendance (Form C)

Section D

To be completed by the treating clinician.

Please provide details of future appointments, if known.

More space for future appointments is provided on the back of this form.

Section D – Ongoing treatments (referring clinician to complete)

Has the patient's treatment been completed? ☐ Yes ☐ No
If *no*, can future appointments be provided via Telehealth? ☐ Yes ☐ No
Can ongoing treatment be provided at the patient's local hospital? ☐ Yes ☐ No

Details of next appointment *(if further appointments are required - continue in section E, page 2)*

Date (approximate / TBA)	Appointment details (name / location)	Patient escort requested	Admission type	Appointment type	Specialty
		☐ Yes ☐ No	☐ Inpatient ☐ Outpatient	☐ Treatment ☐ Review ☐ Consultation	

Clinically recommended mode of travel: ☐ Private motor vehicle ☐ Air ☐ Bus ☐ Rail ☐ Ferry
Clinical reason for selected mode of travel:

Clinical recommendation for escort:

Section E

This section will notify the patient's home facility of future appointments and possible PTSS requirements.

It is to be filled in and signed by the specialist or a representative.

Section E – Additional appointment details (clinician / clinician's nominated representative to complete)

Admission		Admission type	Accommodation required	Patient escort requested	Clinician declaration	
Date	Time (AM/PM)				Signature	Date
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient ☐ Outpatient	☐ Yes ☐ No	☐ Yes ☐ No		
		☐ Inpatient	☐ Yes	☐ Yes		

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