



Appointment attendance (Form C)

Section A - Patient details (patient, HHS or specialist to complete)

Title	Given name(s)	Family name	Date of birth (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home hospital	Contact number
<input type="text"/>	<input type="text"/>

Patient escort details:

Title	Full name	Date of birth (DD/MM/YY)	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete details or provide stamp:

Specialist name	<i>(Clinician stamp)</i>			
Specialty				Contact name (if not specialist)
Treatment facility name				
Contact number				Email
<input type="text"/>				<input type="text"/>

I certify that the patient received specialist medical treatment as stated above.

Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>

Name (if not specialist)	Position (if not specialist)
<input type="text"/>	<input type="text"/>

Section C - Return travel (if travel not booked, specialist or treating HHS to complete)

Date ready to travel home (DD/MM/YY)	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	If not the same day as discharge, provide reason
<input type="text"/>		<input type="text"/>

Recommended return mode of transport: Private motor vehicle Air Bus Rail Ferry

If air, is a commercial flight medical clearance required? Yes No

Section D - Ongoing treatments (specialist 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
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<input type="checkbox"/> Treatment <input type="checkbox"/> Review <input type="checkbox"/> Consultation	<input type="text"/>

Clinically recommended mode of travel: Private motor vehicle Air Bus Rail Ferry

Clinical reason for selected mode of travel:

Clinical recommendation for escort:

Hospital and Health Service use only	Identification number
<input type="text"/>	<input type="text"/>

