



Section A - Patient details (patient or referring clinician to complete)

Has the patient's details changed? Yes No

Title	Given name(s)	Family name	Date of birth (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicare card number	Expiry date (MM/YY)	Contact number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section B - Referral details (referring clinician to complete with details of treating specialist)

• Travel referral is valid for 12 months (subject to review at any time).

Treating specialist name	Specialty
<input type="text"/>	<input type="text"/>
Treatment facility name	
<input type="text"/>	

Treatment facility address	Suburb / Town	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical condition (include reason for referral)

Is this the patient's closest specialist? Yes No

If *no*, provide reason

Interstate Private patient Clinical trial

Patient has lodged / intends to lodge a third party or Workers Compensation Claim regarding this treatment

Section C - Reason for travel (referring clinician to complete)

If available, has telehealth been considered for this appointment? Yes No

Appointment is for: Consultation Treatment / Procedure Review Diagnostic

Appointment type: Admission - New Review Outpatient - New Review

This condition may require ongoing travel for appointments? Yes No

Appointment / Admission: Date (DD/MM/YY) Time (HH:MM)

Clinically recommended mode of travel:

Private motor vehicle Air Bus Rail Ferry Charter

Weight of patient (kgs) - for charter flights only

Clinical reason for selected mode of travel (based on patient's circumstances):

Patient has wheel chair Patient has oxygen cylinder Patient has a disability

English is not the patient's first language

Further details on travel requirements:

Section D - Accommodation (referring clinician to complete)

Is the patient applying for a subsidy for accommodation*?

Yes, private accommodation Yes, commercial accommodation Both No

Additional information (e.g. clinical reason to stay after appointment or discharge date, accommodation preference, etc.)

*As per the eligibility criteria. Approved by Hospital and Health Service.

Section E - Patient escort details (referring clinician to complete)

Is the patient applying for a Patient Escort*? Yes No

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"/>

Clinical reason

Does the patient escort require accommodation?

Yes, same as patient Yes, different to patient No

**As per the eligibility criteria. Approved by Hospital and Health Service.*

Section F - Declaration

Referring clinician (or clinicians nominated representative) declaration:

I certify that the information provided on this form is correct. I have advised the patient or guardian / carer that Hospital and Health Service staff may contact the referring facility and travel / accommodation providers regarding this referral.

Referring clinician / nominated representative name

<input type="text"/>	<i>(Clinician stamp)</i>
Contact number <input type="text"/>	
Facility name <input type="text"/>	
Signature <input type="text"/>	
Date (DD/MM/YY) <input type="text"/>	

Hospital and Health Service use only - Approval

Identification number

Subsidy approved for travel to: Place of referral Other

Mode of travel approved: Private motor vehicle Air Bus Train Ferry Other

Patient escort approved: Yes No

Accommodation approved: Yes No

Private accommodation Number of nights approved: Patient Patient escort

Commercial accommodation Number of nights approved: Patient Patient escort

HHS to book Transport Accommodation Other

Has it been determined if a telehealth alternative exists for this patient? Yes No

If no, provide reason

Hospital and Health Service approval:

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

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

Special consideration - provide reason

Application not approved - provide reason