



NEW CANADIAN MEDICAL TRANSFER

110 Activa Avenue
Unit E35, N2E4K4
Kitchener ON
Phone: 519-571-1171
Fax: 519-581-1171
Website: www.ncmt.ca
E-mail: ncmt@ncmt.ca

Patient Transfer Request Form

Please fill out the following form and fax it to us at 519-581-1171. We will get in touch with you within 24 hours to confirm your request. If you don't hear from us within that time please call us at 519-571-1171.

Patient Contact Information:

Patient Name: _____
Contact Phone: _____
Weight: _____
E-mail Address: _____
Relevant Medical Condition: _____

IV Required: Yes OR No
Stretcher Required: Yes OR No
Wheelchair Access Required: Yes OR No
Access to Residence with Stretcher:
(Front/Back/Side Door) _____

Oxygen Required: Yes OR No
DNR Order: Yes OR No
Allergies: _____

Pick-Up Location:

Institution: _____
Street Number: _____
Street Name: _____
Unit/Floor/Room: _____
City: _____
Postal Code: _____
Pick-up Date and Time: _____
Appointment Time: _____
Type of Appointment/Procedure: _____

Destination:

Institution: _____
Street Number: _____
Street Name: _____
Unit/Floor/Room: _____
City: _____
Postal Code: _____
Return Transfer: Yes OR No
Estimated Length of Appt: _____
Estimated Pick-Up Time: _____

Person Responsible:

Name of Individual: _____

Relationship to Patient: _____

Contact Information: _____

