



Request for Clinic Transport Services - Renal Dialysis Patient Booking Form

Metropolitan Walker, Walker Assist and Wheelchair (Metro Transfers Only) Phone: 1300 360 929 (toll free / nationwide) Email: metro@amesbury.vic.gov.au
 Fax: 1300 361 929 (toll free)



PATIENT INFO

Patient's Given Name:

Patient's Surname:

Please review the following COVID-19 criteria and tick all that apply:

1. Do you have any symptoms of COVID-19 infection?

Yes No

1a. Do you have a urinary tract infection (UTI) or COVID-19 infection?

Yes No

1b. Do you have any of the following conditions: Diabetes, Hypertension, Chronic Kidney Disease, or any other chronic condition?

Yes No

2. Have you been in contact with anyone who has been diagnosed with COVID-19 infection in the last 14 days (including household members)?

Yes No

3. Do you have any symptoms of COVID-19 infection / urinary tract infection / UTI?

Yes No

3a. IF YES to question 3, 'I' have symptoms?

Yes No

3b. IF YES to question 3a, Do you have any urinary tract infection / UTI?

Yes No / A.U.

4. Do you have any symptoms of COVID-19 infection (including cough, fever, sore throat)?

Yes No

5. Do you have any symptoms of urinary tract infection / UTI?

Yes No

6. Do you have any symptoms of COVID-19 infection (including cough, fever, sore throat)?

Yes No

FORM SELECTION



> **REQUEST FOR CLINIC TRANSPORT SERVICES**
 C. H. P. 2

> **RENAL DIALYSIS PATIENT BOOKING FORM**
 C. H. P. 3

Booking Facility:

Pick-Up Location: Inverurie (Aberdeenshire)

Medical Diagnosis:
(Cancer)

